Notice of Meeting

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Health and Wellbeing Board

Thursday 23 February 2023 at 9.30 am
in Council Chamber Council Offices
Market Street Newbury

This meeting can be viewed online at: www.westberks.gov.uk/hwbblive

Please note that a test of the fire and lockdown alarms will take place at 10am. If the alarm does not stop please follow instructions from officers.

Date of despatch of Agenda: Wednesday, 15 February 2023

For further information about this Agenda, or to inspect any background documents referred to in Part I reports, please contact Gordon Oliver on (01635) 519486
e-mail: gordon.oliver1@westberks.gov.uk

Further information and Minutes are also available on the Council's website at www.westberks.gov.uk

West Berkshire **Health & Wellbeing** Board

West Berkshire
C O U N C I L

To: Councillor Graham Bridgman (Executive Portfolio: Deputy Leader and Health and Wellbeing) (Chairman), Sarah Webster (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board) (Vice Chairman), Supt Zahid Aziz (Thames Valley Police), Bernadine Blease (Berkshire Healthcare Foundation Trust), Councillor Dominic Boeck (Executive Portfolio: Children, Young People and Education), Paul Coe (Interim Executive Director - People), Prof Tracy Daszkiewicz (Director of Public Health, Berkshire West), Councillor Lynne Doherty (Executive Portfolio: Leader and District Strategy and Communications), Matthew Hensby (Sovereign Housing), Jessica Jhundoo Evans (Arts and Leisure Representative), Dr Janet Lippett (Royal Berkshire NHS Foundation Trust), Councillor Steve Masters (Shadow Portfolio Holder (Green Party) for Health and Wellbeing), Sean Murphy (Public Protection Manager), Gail Muirhead (Royal Berkshire Fire & Rescue Service), Garry Poulson (Voluntary Sector Representative), Councillor Joanne Stewart (Executive Portfolio Holder: Adult Social Care), Dr Heike Veldtman (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board), Councillor Martha Vickers (Shadow Spokesperson (Lib Dem) for Health and Wellbeing), Steve Welch (Service Director - Communities and Wellbeing) and Fiona Worby (Healthwatch West Berkshire)

Also to: Adrian Barker (Chairman - Mental Health Action Group), Catalin Bogos (Performance Research Consultation Manager), Gordon Oliver (Principal Policy Officer)

Agenda

Part I   Page No.

West Berkshire
COUNCIL

Items for discussion

Strategic Matters

Operational Matters

Programme Management

Other Information not for discussion

West Berkshire
C O U N C I L

| 17 | **Equity, Diversity and Inclusion**
Purpose: To present an update on the needs assessment and engagement work undertaken to date on Equity, Diversity and Inclusion. | 279 - 348 |

Standard Agenda Items 2

| 18 | **Members' Question(s)**
Members of the Health and Wellbeing Board to answer questions submitted by Councillors in accordance with the Executive Procedure Rules contained in the Council's Constitution.

(Note: There were no questions submitted relating to items not included on this agenda.) | 349 - 350 |

| 19 | **Health and Wellbeing Board Forward Plan**
An opportunity for Board Members to suggest items to go on to the Forward Plan. | 351 - 352 |

20   **Future meeting dates**

2022/23:

- 20 April 2023

2023/24 (Provisional Dates):

- 13 July 2023

- 28 September 2023

- 7 December 2023

- 22 February 2024

- 2 May 2024

(All meetings to start at 09:30am)

Sarah Clarke
Service Director: Strategy and Governance

If you require this information in a different format or translation, please contact Stephen Chard on telephone (01635) 519462.

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Health & Wellbeing Board – 23 February 2023

Item 1 – Apologies

Verbal Item

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DRAFT

Note: These Minutes will remain DRAFT until approved at the next meeting of the Committee

HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING HELD ON THURSDAY, 8 DECEMBER 2022

Present: Councillor Graham Bridgman (Executive Portfolio: Deputy Leader and Health and Wellbeing) (Chairman), Councillor Lynne Doherty (Executive Portfolio: Leader and District Strategy and Communications), Councillor Rick Jones, Councillor Steve Masters (Shadow Portfolio Holder (Green Party) for Health and Wellbeing), Paul Coe (Service Director - Adult Social Care), Andrew Sharp (Healthwatch West Berkshire), Councillor Joanne Stewart (Executive Portfolio Holder: Adult Social Care), Dr Heike Veldtman (Buckinghamshire, Oxfordshire and Berkshire West ICB), Councillor Martha Vickers (Shadow Spokesperson (Lib Dem) for Health and Wellbeing) and Steve Welch (Service Director - Communities and Wellbeing)

Attending Remotely: Prof. Tracy Daszkiewicz (Director of Public Health for Berkshire West), Gail Muirhead (Royal Berkshire Fire and Rescue), Sean Murphy (Public Protection Manager), and Garry Poulson (Voluntary Sector Representative)

Also Present: Dr Zakyeya Atcha, Adrian Barker (Mental Health Action Group), Robert Bowen (Buckinghamshire, Oxfordshire and Berkshire West ICB), Niki Cartwright (Buckinghamshire, Oxfordshire and Berkshire West ICB), Dan Devitt (Berkshire West Shared Public Health Team), Lajla Johansson (Buckinghamshire, Oxfordshire and Berkshire West ICB), Nigel Lynn (Chief Executive), Gordon Oliver (Principal Policy Officer) and Vicky Phoenix (Principal Policy Officer)

Apologies for inability to attend the meeting: Sarah Webster (Buckinghamshire, Oxfordshire and Berkshire West ICB) (Vice Chairman),, Councillor Dominic Boeck (Executive Portfolio: Children, Young People and Education), Matthew Hensby (Sovereign Housing, Jessica Jhundoo Evans (Culture Sector Representative), Janet Lippett (Royl Berkshire NHS Foundation Trust), Wllliam Orr (Royal Berkshire NHS Foundation Trust), and Andy Sharp (Executive Director – People).

Absent: Supt. Zahid Aziz (Thames Valley Police) and Bernadine Blease (Berkshire Healthcare NHS Foundation Trust)

PART I

48   Minutes

The Minutes of the meeting held on 29 September 2022 were approved as a true and correct record and signed by the Chairman.

Councillor Martha Vickers noted in the minutes that the Healthwatch Report on Asylum Seekers was supposed to be presented at the December meeting. It was explained that the report had been submitted too late and would go through the Locality Integration Board and Health and Wellbeing Board Steering Group before being brought to the next meeting in February. Healthwatch indicated that they wanted to give partners the opportunity to comment prior to publishing the report, but they stressed that there were some urgent actions that needed to be progressed quickly, before the report was formally presented to the Board. It was noted that there were concerns about some of the wording in the report.

49   Actions arising from previous meeting(s)

Progress on actions from the previous meetings was noted. Observations were made in relation to the following actions:

- **Action 153** – The Peer Review would take account of the timescales for establishing the Place Based Partnership.
- **Action 197** – It was noted that this would be progressed through the Place Based Partnership.
- **Action 205** – Sean Murphy to confirm if the issue of swans had been discussed at the Water Safety Partnership.
- **Action 208** – It was noted that the conference would be considered later in the meeting.

50   Declarations of Interest

There were no declarations of interest received beyond the standing declarations.

51   Public Questions

A full transcription of the public and Member question and answer sessions is available from the following link: Transcription of Q&As.

52   Petitions

There were no petitions presented to the Board.

53   Membership of the Health and Wellbeing Board

It was noted that membership of the Health and Wellbeing Board was on an organisational basis. A standing item was retained on the agenda to note any changes in personnel. Changes since the last meeting included:

- Sarah Webster replaced Belinda Seston as one of the two Integrated Care Board ICB representatives;
- Belinda Seston and Helen Clark were named substitutes for Sarah Webster.
- William Orr would be deputising for Dr Janet Lippett while she was acting Chief Executive for the Royal Berkshire NHS Foundation Trust.
- Rachel Peters was the named substitute for Garry Poulson.

It was noted that this would be the last meeting for Andrew Sharp and Dr Zakyeya Atcha. The Board thanked them for their contributions.

RESOLVED to note the report.

54   Buckinghamshire Oxfordshire and Berkshire West Integrated Care System Update

Rob Bowen (Deputy Director of Strategy) and Profession Tracy Daszkiewicz (Director of Public Health for Berkshire West) presented the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (ICB) Update (Agenda Item 8), which focused on the draft Integrated Care Strategy.

It was acknowledged that the Integrated Care Strategy needed to be aligned with the strategies and delivery plans at Place and Locality levels.

It was noted that the Strategy had not yet been formally signed off by the Integrated Care Partnership, but it was felt to be saying the right things.

A point was made about needing to use language that was accessible to residents.

Some concern was suggested that the ICB may be over-reaching its areas of responsibility, since services around obesity, alcohol abuse, etc were outside of their control. However, it was noted that the Integrated Care System included all the organisations represented on the Integrated Care Partnership (ICP) as well as the Integrated Care Board. The Strategy was being written on behalf of everybody involved in supporting people to stay well across the entire BOB geography.

It was stressed that local authority services needed to be represented in relevant meetings, including those associated with wider determinants of health, such as planning and transport. The ICB acknowledged that wider determinants were included within the scope of the organisations included within the ICP, but some of these things would be developed at place rather than system. Also, there was a balance to be struck, since the Strategy could not cover everything, so it had to focus on the most important aspects to be provided at the System level.

It was highlighted that the next phase would be engagement with partners and the public, with the full document available from Monday 12 December, with consultation open until the end of January 2023. The Board was asked for suggestions for engaging with the local population to get the best possible input to the Strategy.

Action: Gordon Oliver to confirm that the Council's Communications Team were aware of the consultation.

It was suggested that there may be an element of consultation fatigue and that the ICB should review the consultation outcomes for the recent Joint Local Health and Wellbeing Strategy. Also, it was noted that consultees may not be aware of the difference between the two strategies.

It was noted that there were some community groups who were seldom heard in consultations and it was suggested that those running the consultation should go to where these groups met.

RESOLVED to note the report.

Before going onto the next item, the Chairman invited Professor Tracy Daszkiewicz to provide a brief update on the current situation regarding Strep A infections.

It was noted that Strep A was a common bacteria that was present within the population and usually caused few problems. However, in some cases, it could make people unwell. Recently, there had been an increase in Scarlet Fever, which had predominantly affected children under the age of 10. Symptoms included raised temperatures, flushed cheeks and a distinctive rash, which was rough to the touch like sandpaper. Parents were advised to seek advice where appropriate. Scarlet Fever usually lasted a few days and children recovered quickly with the help of antibiotics. However, there was an invasive strain of Strep A, which could trigger a severe response similar to Sepsis. Fortunately, this was rare. The recent outbreak was unusual in that it was out of season. As a result, it was getting a lot of media attention. Residents were advised to visit the Council or ICB websites where there was further information available.

55   Berkshire Suicide Prevention Strategy

Professor Tracy Daszkiewicz (Director of Public Health for Berkshire West) presented the report on the Berkshire Suicide Prevention Strategy (Agenda Item 9).

Garry Poulson (Voluntary Sector Representative) was invited to comment in his capacity as Chairman of West Berkshire Suicide Prevention Action Group (SPAG). He was pleased that the Pan Berkshire Group had been reformed. It was noted that the Volunteer Centre West Berkshire was a member of the National Suicide Prevention Alliance as a representative of SPAG. Concern was expressed about the capacity of Amparo to provide bereavement support. It was suggested that the summit should include practical actions, such as establishing a SPAG equivalent in each of the Berkshire local authorities. It was noted that SPAG would be delivering suicide prevention training to a different themed group each month from 2023 and would distributing resources to local businesses. It was highlighted that the SPAG outreach worker was only employed until April 2023, so additional funding would be required to maintain this role.

Members queried whether they had received an invitation to the Summit. It was noted that an initial place-holder email had been received, which had signposted the event, but the follow-up email with details of the Summit had not been received.

The Board welcomed the provision of a post-vention service, but a question was asked around how many West Berkshire families who had been affected by suicide had received support.

It was explained that a comprehensive needs assessment would be carried out to look at this. It was also highlighted that pathways for mental health and crisis support were being picked up by the Police because much of this activity happened out of hours.

It was suggested that there needed to be a golden thread across the Integrated Care System and that suicide prevention could be a regular item for a number of different forums / boards.

It was highlighted that the Samaritans had recently launched a new telephone number 116 123, which was aimed at people in crisis. Also, it was noted that westberkshiresuicideprevention.org had details of immediate and non-immediate sources of support. It was suggested that Board Members could add this to their email signatures to promote the website.

RESOLVED to note the report and the actions being undertaken.

56 Children and Young People's Mental Health - Refreshed Local Transformation Plan 2022-24

Lajla Johansson (ICB Assistant Director of Joint Commissioning) presented the report on the Children and Young People's Mental Health Local Transformation Plan (LTP) (Agenda Item 10).

Members highlighted the importance of prevention and also raising awareness. It was suggested that due to pressures of life, it could be difficult for parents to take the time to talk to children, and that it was important to support them in doing this. It was also suggested that problems had got worse due to isolation associated with the Covid pandemic.

The LTP was welcomed, but challenges around delivery were acknowledged.

It had been highlighted at West Berkshire's Corporate Parenting Panel that targets were not being achieved for delivering initial healthcare assessments for children in care (CiC). Members sought assurance that this would be prioritised. This was seen as important as these initial assessments could often highlight additional mental health needs. Also, a question was asked about what was meant by 'mobilise the CiC offer'.

It was confirmed that the ICB was aware of the issue around initial healthcare assessments. This had been highlighted as a risk and steps were being taken to address this. It was noted that the CiC Service was a new, specialist service that had been co-funded by the ICB and West Berkshire Council. Recruitment was an issue and had slowed mobilisation of the service (i.e. staff on the ground delivering services). The ICB offered to give a further presentation to the Corporate Parenting Panel to provide an update on the service.

Action: ICB to give a presentation to the Corporate Parenting Panel on the CiC Service.

At a recent Children and Young People's Board meeting, a Member had highlighted that there was a lack of understanding amongst GPs, schools and parents about the support that was available to support children and young people's mental health in West Berkshire. There was confusion about what was being provided by the statutory and voluntary sectors. It was suggested that there should be a meeting between the voluntary sector, and health / local authority partners to discuss pathways and clarify what services were available. The ICB was happy to support this.

Action: Hold a meeting between the voluntary sector, and health / local authority partners to discuss pathways and clarify what services were available.

It was noted that a Knowledge Event would be held on 20 March 2023 to allow professionals to meet local voluntary groups and learn about the services that they offered.

It was stressed that while social media could be an effective tool for engaging with communities, there were issues of security that affected vulnerable people and children in particular. This should be acknowledged whenever digital tools were discussed.

A point was made about the lack of reference to schools within the LTP. Reassurance was provided that schools were included within partners. It was recognised that children had better outcomes when engaged in education. Children spent a large proportion of their time in schools, so it was important that as many schools as possible were covered by Mental Health Support Teams with a good preventative offer. There were more multi-agency steering groups for new projects (e.g. services for complex young people) and Education was a key partner in these.

The importance of surveillance was highlighted to pick up early issues around attendance and attainment, which could be used to support a preventative approach. School Health Nurses were highlighted as key links. The aim was for Mental Health Support Teams to target children who were struggling to maintain their timetable. It was noted that children with complex needs had been home educated during the Covid pandemic, and acute service users had been identified late due to not being in school.

RESOLVED that the LTP Priorities be approved.

57   BOB ICS Response to the Healthwatch CAMHS Report

Niki Cartwright presented the report on the BOB ICS Response to the Healthwatch CAMHS Report (Agenda Item 11).

Members wanted to understand why there were high numbers of young people who were self-harming in West Berkshire. It was confirmed that the ICB worked closely with Public Health around self-harm and the Suicide Prevention Strategy. It was noted that self-harm was not related to deprivation, but there were strong link with loneliness and isolation. Also, there was anecdotal evidence of children seeing parents struggling, and children were not able to get the same level of support through schools and clubs during the

pandemic. The ICB was looking to see what support could be put in place in schools through Mental Health Support Teams and targeted interventions were being put in place where there were clusters of self-harming incidents / suicide attempts.

The issue of staff shortages was highlighted as a concern and Members wanted to know how this would be addressed. Funding had been secured from the NHS Regional Team to pilot a CAMHS Academy. The ICB was also looking at ways to take people who had just finished their training and fast-track their professional development. It was noted that there had been investment in the Children and Young People's Neuro-Diversity Service and it had taken 12 months to fully recruit.

Action: Niki Cartwright to provide further details of the scheme after the meeting.

Members highlighted that there were problems with CAMHS waiting times pre-Covid that had been exaggerated by the pandemic. The CAMHS Academy was welcomed as a positive step. It was acknowledged that there were national shortages with specialist staff and Members wanted to know how staffing issues would be addressed locally, given the higher costs of living in the South East of England.

The action to improve communications between CAMHS Teams and parents / guardians was noted. It was highlighted that parents did not understand that they did not have to wait for an assessment in order to access services and it was suggested that communications needed to be improved around this aspect in particular. It was explained that the autism diagnosis did not sit within CAMHS, but under Learning Disability. However, the two services worked closely together. It was accepted that communication with families and parents needed to improve. This would be part of the re-design of CAMHS and would involve co-production. Regarding autistic patients, there would be co-production with local authorities, with the emphasis on being needs-led rather than diagnostic led.

Members noted that the above was not set out in the report and it was suggested that the report should set out all actions that would be progressed. However, it was also noted that Healthwatch had been supposed to provide a slide on communications as part of the presentation.

Action: Check that co-production work on communications is reflected in the LTP.

It was noted that in some cases parents and guardians did not believe that CAMHS had made any difference. It was suggested that many parents saw CAMHS as a 'silver bullet' and there was a lack of awareness of what other help was available. The proposal to align CAMHS with the THRIVE model was welcomed.

It was suggested that there could be a summit for front-line workers on available pathways.

Action: Garry Poulson to discuss a possible summit on pathways for front-line workers with ICB colleagues.

The fact that the ICB had provided an in-depth response to the issues raised in the Healthwatch report was warmly welcomed. It was accepted that parents' expectations may not always be logical or realistic. Also, it was suggested that children and young people's mental health was not just an ICB problem, but needed to be managed holistically. It was suggested that a pilot could be funded through the Better Care Fund to provide additional support workers in primary care. Key issues were ensuring that services were better joined up and better communications with parents. It was stressed that parents were not interested in pathways and NHS structures, they just wanted a seamless service. It was suggested that the issue could be revisited in 12-18 months to

understand if the changes were working. Also, it was suggested that any new initiative should be communicated to the public.

It was suggested that activity should be viewed in terms of communities building resilience and all partners had a role to play.

RESOLVED that the report be noted.

58 West Berkshire Better Care Fund Plan

Paul Coe presented the report on the West Berkshire Better Care Fun Plan (Agenda Item 12).

The Board thanked Maria Shepherd for her work in preparing the Better Care Fund Plan submission for 2022-23, which the Board was asked to approve.

It was noted that an additional amount of £1.18 million would be allocated to West Berkshire through the Winter Discharge Fund. The bulk of this funding would be spent on domiciliary care. The submission deadline was extremely tight (16 December), and given that discussions were still ongoing with the acute hospital trusts and the ICB, it was proposed that the Board delegate authority to the Chairman to approve the final Plan submission.

RESOLVED that the Health and Wellbeing Board:

- Approve the Better Care Fund Plan for 2022-23.
- Delegate authority to the Chairman of the Health and Wellbeing Board to sign off a second Better Care Fund Plan submission in relation to the Hospital Discharge funding.

59 Cost of Living Update

Sean Murphy presented the Cost of Living Update (Agenda Item 13).

Members raised an issue with the delivery of leaflets to households, which resulted in some addresses receiving duplicates.

It was highlighted that the website did not give details of where public warm spaces were located and so people did not know about them. It was explained that the warm spaces had been mapped and were online, but officers offered to check whether this was sufficiently easy to find on the website.

Action: Sean Murphy to review the information about warm spaces on the website.

Members observed that there had been articles in the media about people with pre-payment meters not receiving vouchers they were entitled to and asked if this was an issue in West Berkshire. Officers had not received questions from residents on this issue, but confirmed that the hub was receiving queries about energy prices. It was noted that take-up was only around 50% nationally, and tere was some confusion amongst customers as to whether they were on a pre-payment plan and whether they were entitled to funding. It was suggested that there may be improved communications needed on this issue.

Action: Sean Murphy to discuss the issue of advice about vouchers for people on pre-payment meters with the hub manager.

It was noted that there was lots of communication on staying well during cold weather and the links between keeping warn and keeping long-term health conditions under control. The Public Health Team had sought to strike an appropriate balance between staying warm and the affordability challenges this presented.

RESOLVED that the report be noted.

60   Health and Wellbeing Board Conference Update

The Chairman presented the item on the Health and Wellbeing Board Conference Update (Agenda Item 14).

Members were advised that the event would be on 31 January 2023 and it would be a hybrid event with the option to attend in person at the Council offices, or to join remotely via Zoom.

It was noted that the District Parish Conference would take place in the evening, which would allow town / parish councillors to attend both events.

It was also noted that there would be a marketplace with stalls before each event.

RESOLVED to note the report.

61   Health and Wellbeing Strategy Delivery Plan - Progress Report Q2 2022/23

Dr Zakyeya Atcha presented the report on the Health and Wellbeing Strategy Delivery Plan - Progress Report Q2 2022/23 (Agenda Item 15).

It was noted that the Delivery Plan had not yet been transferred to the Council's programme management software, but this would be done at the earliest opportunity, and partners would then be able to input their own data.

Also, it was suggested that the conference represented an opportunity to review the Delivery Plan priorities and actions.

RESOLVED that the report be noted.

62   Continuing Health Care

The report on Continuing Health Care (Agenda Item 16) was provided for information only and was not discussed at the meeting, except to note that things were moving in a positive direction.

RESOLVED that the Board note the report.

63   Financial Problems and Mental Health

The report on Financial Problems and Mental Health (Agenda Item 16) was provided for information only.

Adrian Barker and Rachel Johnson were thanked for their contributions and approach. It was noted that a final report would be presented to the next meeting in February 2023.

Also, it was noted that the report had been well-received by local charities and other partner organisations.

It was stressed that support needed to be given to people as early as possible and that this would require additional resources.

RESOLVED that the Board note the report.

64   Updates to the West Berkshire Council Constitution

The item on Updates to the Council Constitution (Agenda Item 18) was provided for information only.

It was noted that work was ongoing to update the terms of reference for each of the sub-bodies of the Health and Wellbeing Board.

65   Members' Question(s)

There were no questions submitted to the meeting.

66   Health and Wellbeing Board Forward Plan

Members were invited to comment on the Health and Wellbeing Board Forward Plan.

It was suggested that an item be added to the meeting on 23 February 2023 to provide feedback from the Health and Wellbeing Board Conference.

Action: Provide feedback on the Conference to the February meeting.

There was a query about who would be presenting the deferred item on the Healthwatch Report on Asylum Seekers. It was noted that Healthwatch was a statutory member of the Board and Fiona Worby had been appointed as Andrew Sharp's replacement. It was suggested that the report be presented in conjunction with the voluntary sector partners. It was noted that the report would be considered by the Health and Wellbeing Steering Group before coming to the Board for consideration.

67   Future meeting dates

The Board was invited to note the dates of future meetings.

(The meeting commenced at 9.30 am and closed at 11.43 am)

CHAIRMAN   …………………………………………….

Date of Signature   …………………………………………….

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Actions arising from Previous Meetings of the Health and Wellbeing Board

Ref	Meeting	Action	Action Lead	Agency	Agenda item	Status	Comment
153	24/09/2020	Seek another peer review of Health and Wellbeing Board.	Steve Welch	WBC	Health and Wellbeing Board Meetings	In progress	It has been agreed that this will be deferred until the Place Base Partnership is operational.
197	19/05/2022	Have a discussion with the Unified Executive about how they could be more agile and report back	Belinda Seston / Sarah Webster	ICB	Berkshire West PBP Transformation Programme	In progress	Discussions are ongoing in relation to development of the Place Based Partnership.
205	29/09/2022	Raise concerns about swans with the Water Safety Partnership.	Sean Murphy	PPP	Actions Arising from Previous Meeting(s)	Complete 02/02/2023	This has been discussed.
210	08/12/2022	Confirm that the Council's Communications Team are aware of the consultation	Gordon Oliver	WBC	BOB ICP Update	Complete 20/12/2022	Advised to contact pr@westberks.gov.uk on 8 Dec and followed up on 20 Dec.
211	08/12/2022	ICB to give a presentation to the Corporate Parenting Panel on the CiC Service.	Lajla Johansson	ICB	Children and Young People's Mental Health - Refreshed Local Transformation Plan 2022-24	In progress	Programmed for next meeting in March 2023.
212	08/12/2022	Arrange a meeting between the voluntary sector, and health / local authority partners to discuss pathways and clarify what services were available.	Garry Poulson	VCWB	Children and Young People's Mental Health - Refreshed Local Transformation Plan 2022-24	In progress	
213	08/12/2022	Provide further details of the CAMHS Academy scheme after the meeting	Niki Cartwright	ICB	BOB ICS Response to the Healthwatch CAMHS Report	In progress	Further information has been requested and will be provided after the half-term holiday.
214	08/12/2022	Check that co-production work on communications is reflected in the LTP	Lajla Johansson	ICB	BOB ICS Response to the Healthwatch CAMHS Report	Complete 13/02/2022	Conformed that co-production is one of the LTP priorities.
215	08/12/2022	Discuss a possible summit on pathways for front-line workers with ICB colleagues.	Garry Poulson / Sarah Webster	VCWB	BOB ICS Response to the Healthwatch CAMHS Report	In progress	
216	08/12/2022	Review the information about warm spaces on the website.	Sean Murphy	WBC	Cost of Living Update	Complete 09/12/2022	The website has been reviewed.
217	08/12/2022	Discuss the issue of advice about vouchers for people on pre-payment meters with the hub manager.	Sean Murphy	WBC	Cost of Living Update	Complete 14/02/2023	The Hub is working with Citizens Advice on this.

Last Updated:14/02/2023

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Health & Wellbeing Board – 23 February 2023

Item 4 – Declarations of Interest

Verbal Item

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Health & Wellbeing Board – 23 February 2023

Item 5 – Public Questions

Verbal Item

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Health & Wellbeing Board – 23 February 2023

Item 6 – Petitions

Verbal Item

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MEMBERSHIP OF HEALTH AND WELLBEING BOARD

Name	Role/Organisation	Substitute
Cllr Lynne Doherty	WBC Leader of the Council	Cllr Rick Jones
Cllr Graham Bridgman (Chairman)	WBC Deputy Leader of Council and Portfolio Holder for Health and Wellbeing	
Cllr Jo Stewart	WBC Portfolio Holder for Adult Social Care	
Cllr Dominic Boeck	WBC Portfolio Holder for Children, Young People and Education	
Cllr Martha Vickers	WBC Liberal Democrat Group Spokesperson for Health and Wellbeing	Cllr Owen Jeffery
Cllr Steve Masters	WBC Green Group Spokesperson for Health and Wellbeing	
Paul Coe	WBC Executive Director, People (DASS and DCS)	Maria Shepherd Dave Wraight
Steve Welch	WBC Service Director – Communities and Wellbeing	April Peberdy
Sean Murphy	WBC Public Protection Manager, Public Protection Partnership	
Prof. Tracy Daszkiewicz	Director of Public Health, Berkshire West	
Jessica Jhundoo-Evans	Arts & Leisure Representative	Katy Griffiths
Bernadine Blease	Berkshire Healthcare Foundation Trust	Helen Williamson
Sarah Webster (Vice Chairman)	**Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board (1)**	Belinda Seston Helen Clark Jo Reeves
Dr Heike Veldtman	Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board (2)	
Fiona Worby	Healthwatch West Berkshire	Mike Fereday
Gail Muirhead	Royal Berkshire Fire and Rescue Service	Paul Thomas
Dr Janet Lippett	Royal Berkshire NHS Foundation Trust	William Orr Andrew Statham
Matthew Hensby	Sovereign Housing	Lorraine Adams
Supt. Zahid Aziz	Thames Valley Police	Emily Evans
Garry Poulson	Voluntary Sector Representative	Rachel Peters

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Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care System

BOB Integrated Care System Update

West Berkshire Health and Wellbeing Board Feb 2023

Sarah Webster, ICB Executive Director for Berkshire West

Overview

1. What is BOB? A reminder of the Integrated Care System (ICS) construct

2. ICP Strategy Update

3. ICB Joint Forward Plan

4. Berkshire West Place Partnership Development Update

1. What is BOB?

"BOB" is made up of three 'Places':

Oxfordshire

Buckinghamshire

Berkshire West

BOB Integrated care system (ICS)
A partnership of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area

BOB Integrated care partnership (ICP)
A statutory committee jointly formed between the NHS integrated care board and all local authorities with public health and social care responsibilities in the ICS area

BOB Integrated Care Board (ICB)
A statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area

2. ICP Strategy Update

Draft Integrated Care Strategy for BOB

- Published 13th December for public consultation

- Draft document

- Engagement window closed Sunday 29 January

- Currently reviewing feedback and reflecting this in the final document

- ICP Board will review the final on 1 March 2023 prior to publication

4

3. BOB ICB Joint Forward Plan

Reminder: BOB Integrated Care Board (ICB)
A statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area

Classification: Official

Publication approval reference: PR1940

NHS

Guidance on developing the joint forward plan

Version 1.0, 23 December 2022

Guidance was published on 23 December 2022:

- Legal requirement for ICBs and Partner Trusts to develop this plan

- Duty to prepare JFP before the start of each financial year

- For publication in July 2023

- 5 year plan - updated annually, publicly available

- Significant flexibility – scope, process and structure

- At a minimum the JFP needs to describe **how the ICB and partner NHS Trusts "intend to arrange and/or provide NHS services to meet their population's physical and mental health needs.** This should include the delivery of universal NHS commitments, address ICSs' four core purposes and meet legal requirements."

- Commitment: This is not 'in addition' – this will be complementary to existing strategies and priorities

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3. BOB ICB Joint Forward Plan (continued)

Role of NHS England

- NHS England will "support ICBs and their partner Trusts develop JFPs."

- This will not be a formal assurance process but an opportunity to support ICBs.

Role of Health and Wellbeing Boards (H&WB)

- ICBs and their partner Trusts must involve each H&WB whose area coincides with that of the ICB.

- The JFP can also be used to describe how the ICB proposes to implement relevant local Health & Wellbeing Strategy.

- The ICB must consult those H&WBs on whether the draft takes proper account of each JLHWS published by the H&WB that relates to any part of the period to which the JFP relates

- As a H&WB we must respond with our opinion and we may also send the opinion to NHS England.

- We need to consider and recommend the best way to engage with this between now and July 2023.

4. Berkshire West Place Based Partnership Update

Berkshire West 'Place' covers three Local Authority areas:

Berkshire West

WOKINGHAM BOROUGH COUNCIL

Reading Borough Council
Working better with you

Reminder: What is a "Place"?

A **more local focus within the broader ICS**, building naturally on previous efforts to integrate care and local services

Berkshire West context

- Three separate Unitary Authorities, two NHS providers, multiple Primary Care Networks and individual GP practices

- History of working collaboratively as a pioneer integrated system

- Joint Health and Wellbeing Strategy 2021-30

- Existing partnership executive Board (Unified Executive)

- Now looking to build on and strengthen our partnership working for the benefit of our populations

4. Berkshire West Place Based Partnership Update (cont.)

Work currently underway

- Senior officer 'Task and Finish' group established to jointly develop this

- Review of our shared key priorities, considering:

    - Are there any elements of the joint H&WB Strategy that can only be delivered if we work together across all partners in Berkshire West?

    - Are there any operational issues in common that we can more easily address by working together?

    - Are there economic benefits of scale that can be realised by working together, to enable onward local investment?

- Review of our shared governance arrangements, considering:

    - Only doing things at 'Place' where this makes sense – committed to the principle of subsidiarity

    - Ensuring efficient joint working arrangements (non-duplicative)

    - Reinforcing the important relationship with Health & Wellbeing Boards and member organisations including Healthwatch and VCSE partners

Refreshed West Berkshire Vision 2036

Report being considered by:	Health and Wellbeing Board
On:	23 February 2023
Report Author:	Catalin Bogos
Report Sponsor:	Councillor Graham Bridgman
Item for:	Decision

1. Purpose of the Report

To introduce the Refreshed West Berkshire 2036 Vision document to the Health and Wellbeing Board.

2. Recommendation(s)

2.1 That the Health and Wellbeing Board agrees to adopt the Refreshed West Berkshire Vision 2036 document which considered the key social, economic and environmental changes since the original Vision was adopted.

2.2 That the Health and Wellbeing Board note the progress made towards the aspirations and commitment.

3. Executive Summary

3.1 The Health and Wellbeing Board is invited to endorse the Refreshed West Berkshire Vision 2036. If it does so, it will be best placed to oversee the progress towards the aspirations it contains on a regular basis and to contribute towards better outcomes for West Berkshire residents and businesses across a number of policy areas.

3.2 As the Vision document is relevant for everyone living and working in West Berkshire and it is not owned by a single organisation, by the fact that the Health and Wellbeing Board is endorsing the refreshed version of the Vision ensures that partner organisation and other stakeholders are prompted to align their individual policies, strategies and plans to ensure the delivery of the aspirations for people in West Berkshire.

4. Supporting Information

4.1 In January 2019, West Berkshire Health and Wellbeing Board has agreed to adopt the West Berkshire Vision 2036, developed based an extensive review of the statistical evidence base, widespread input from a wider variety of age groups, backgrounds and service areas, including Health and Wellbeing Board members and public consultation.

4.2 Over the last four years there have been significant world-wide, regional and national events which had impact here in West Berkshire too, including the Covid-19 pandemic, council's declaring climate emergencies, the UK's exit from the EU, the conflict in Ukraine and economic challenges.

4.3   Members of the Health and Wellbeing Board have suggested that a refresh of the Vision 2036 document is conducted to check if the aspirations and commitments set four years ago are still relevant and to capture any feedback from partner organisations about progress towards achieving the aspirations.

4.4   The Refreshed West Berkshire Vision 2036 document is appended to this report (see Appendix B). The vast majority of the commitments set when the Vision was first adopted in 2019 remain relevant and some of them, such as ensuring the right skills for young people to remain economically competitive, ensuring best opportunities for social mobility, facilitating people from older generations to remain in the workplace, supporting businesses and ensuring West Berkshire is a top destination for companies setting up in UK, empowering individuals and communities to take greater responsibility for their health and support those who need it etc. are even more relevant.

4.5   In refreshing the Vision 2036, we took stock of the progress made towards its commitments and listed them as part of the commentary in the refreshed document. Such progress include:

(1)   Aspiration: A West Berkshire where everybody has what they need to fulfil their potential:

- Stronger links within the community and between partners following our experiences during the pandemic; better engagement with residents

- The new University Centre at Newbury College supports skills development in the district

- Crime prevention activities maintain low crime rate for the district

(2)   Aspiration: A West Berkshire with a housing mix with something for everyone

- Better understanding of the housing need from a new West Berkshire Council Housing Strategy, work on Local Plan, Census 2021

- Choice Based Lettings went live in West Berkshire in 2020

- Joint working to carry out the necessary adaptations where needed for people leaving hospital

- Achieved zero rough sleeping in the district

(3)   Aspiration: A West Berkshire that welcomes business, enterprise and industry into a productive, growing and dynamic local economy

- Sustainable transport improvements (Newbury and Theale station redevelopments, railway electrification, walking and cycling infrastructure, electric cycles and cargo-bikes, reduced-carbon staff travel and car-sharing etc.)

- Policies within the new Local Plan facilitating focus on high quality, sustainable builds in which companies are proud to do business

- Facilitated the creativity potential of local entrepreneurs through initiatives such as the distributing the Additional Restrictions Grant Challenge Fund or supporting the Berkshire Film Office

- Completion of the West Berkshire Superfast Broadband project

- Kickstart programme that provided 18-24 year olds with 6 month work placements

- Partnership working to maximise employer engagement to identify and address skills needs across the district

- Start a meaningful conversation about how we can develop, the district, in a sensitive, landscape-led way to meet demand, through the work on the Local Plan

- Responding to the climate challenge in a coordinated way through the district's Environment Strategy

(4) Aspiration: A West Berkshire where the health and wellbeing of residents of all ages and backgrounds is good

- Projects and initiatives to support individuals and communities to get active and to support the best start in life for every child

- Adoption of the Prevention Concordat and practical activities and support for Better Mental Health

- Adopted a zero tolerance to suicide and providing training and support to individuals to recognise the signs which could lead to suicide and how to respond to support people

- Health impacts are considered in all policy making decisions

(5) Aspiration: A West Berkshire with beautiful, historic and diverse landscapes and a strong cultural offering

- Established a Natural Solutions Delivery Partnership to help protect and enhance our countryside addressing biodiversity and climate issues

- Launched the UK's first Community Municipal Investment (CMI) for residents to invest in environmental project to achieve carbon neutrality by 2030

- The new A4 Thatcham Intelligent Transport Journey Time Measurement System helps prevent traffic congestion

- Worked with the Environment Agency and Canal and Rivers Trust on key waterways projects

- Masterplanning activities initiated to boost the appeal of our centres and secure their future

4.6   The methodology used to produce the refreshed document included:

(1)   A review of the key social, economic and environmental indicators for West Berkshire

(2)   Consultation with partner organisations of the Health and Wellbeing Board regarding progress towards the aspirations and commitments of the Vision 2036 document and assessment of their relevance

(3)   Review of the residents' feedback to the Covid-19 residents survey and to the representative Residents Survey 2021

(4)   Further targeted engagement with 'seldom heard' residents through interviews and focus groups

(5)   Involvement of the partner organisations of the Health and Wellbeing Board in considering a draft version of the refreshed Vision 2036 which resulted in further amendments of the document

5.   Options Considered

Endorsing the West Berkshire 2036 Vision.

6.   Proposal(s)

6.1   That the West Berkshire Health and Wellbeing Board endorses the Refreshed West Berkshire 2036 Vision.

6.2   That the Health and Wellbeing Board notes the progress made towards the aspirations and commitments of the Vision 2036.

7.   Conclusion(s)

7.1   The Refreshed West Berkshire Vision 2036 document ensures that the significant social, economic and environmental developments of the last four years have been considered in checking the relevance of the aspirations and commitments set in 2019.

7.2   The document re-affirms the commitments which remain important for the district's residents.

7.3   The West Berkshire Health and Wellbeing Board is invited to endorse the Refreshed Vision 2036 and note the progress towards its aspirations and commitments.

8.   Consultation and Engagement

8.1   In producing the Refreshed West Berkshire Vision 2036 document extensive engagement has been conducted with residents through two residents surveys followed by targeted consultation and engagement activities with 'seldom heard' residents through interviews and focus groups.

8.2   The organisations of the Health and Wellbeing Board have been involved in providing updates against the originally set aspirations and commitments, comment

on the relevance of the commitments and suggest amendments (if required), provide feedback and suggest amendments to the draft Vision 2036 Document.

8.3 The Chairman of the Health and Wellbeing Board, the Leader of West Berkshire Council, the Chief Executive of the West Berkshire Council and members of the Health and Wellbeing Board Steering Group have overseen the work to produce the Refreshed West Berkshire Vision 2036.

9. Appendices

Appendix A – West Berkshire Vision 2036 Refreshed 2023

Background Papers:

West Berkshire Vision 2036

Health and Wellbeing Priorities Supported:

The proposals will support the following Health and Wellbeing Strategy priorities:

☒ Reduce the differences in health between different groups of people
☒ Support individuals at high risk of bad health outcomes to live healthy lives
☒ Help families and young children in early years
☒ Promote good mental health and wellbeing for all children and young people
☒ Promote good mental health and wellbeing for all adults

The proposals contained in this report will support the above Health and Wellbeing Strategy priorities by setting up the long term vision, aspirations and commitments.

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West Berkshire
Health &
Wellbeing
Board

Refreshed 2023

West Berkshire Vision | 2036

A West Berkshire where everybody has what they need to fulfil their potential

A West Berkshire with a housing mix with something for everyone

2036

WEST BERKSHIRE

A West Berkshire where the health and wellbeing of residents of all ages and backgrounds is good

A West Berkshire with beautiful, historic and diverse landscapes and a strong cultural offering

A West Berkshire that welcomes business, enterprise and industry into a productive, growing and dynamic local economy

Foreword

When we came together as partners to begin to develop the West Berkshire 2036 Vision back in 2017, we used our understanding of our community's needs as well as a wide range of data to identify the challenges and opportunities the district was likely to face over the next two decades. We also committed to refreshing the Vision at regular intervals in response to changes to local need and this revised version is the first such refresh since the publication of the original document.

It is fair to say that the events of the years since the adoption of the Vision have not been what we expected, with a global pandemic, increases to the cost of living and a series of international humanitarian crises fundamentally shifting many aspects of daily life.

Our commitment to collaborative working to improve outcomes for local people not only remains, but has been strengthened by our experiences in recent years. Our communities have come together in a way we never would have expected; whether it be by supporting those who were unable to leave their homes during lockdown or, more recently, welcoming displaced people into local homes. It is this joint working which will ensure that our shared ambition for the district is delivered.

We look forward to continuing to work together to overcome the challenges ahead and to make West Berkshire an even better place to live, work and learn.

Councillor Graham Bridgman
Chairman of the Health and Wellbeing Board

West Berkshire should be a place where everyone is given the chance to thrive

Introduction

The West Berkshire 2036 Vision, which was first published in 2017, contained a series of commitments that the partners of the West Berkshire Health and Wellbeing Board subscribed to which we felt would facilitate our ambition of making West Berkshire a better place for local people. These commitments were to deliver:

- A West Berkshire where everybody has what they need to fulfil their potential
- A West Berkshire with a housing mix with something for everyone
- A West Berkshire that welcomes business, enterprise and industry into a productive, growing and dynamic local economy
- A West Berkshire where the health and wellbeing of residents of all ages and backgrounds is good
- A West Berkshire with beautiful, historic and diverse landscapes and a strong cultural offering

In spite of the challenges emerging since the original Vision was published, West Berkshire continues to offer the economic advantages of the South East and the excellent lifestyle opportunities of the South West. It remains a great place to live, with residents benefiting from good educational, health and employment opportunities and outcomes. It is also well-connected, has world-class digital infrastructure, as a result of significant targeted investment over the past decade.

Back in 2017, we reflected in our evidence base that while these advantages are enjoyed by many local people, there are clear disparities within the district. As a result, the difference in wealth, health, educational outcomes and employment prospects can vary, with some parts of West Berkshire falling behind others.

Unfortunately, the events of the past few years have exacerbated many of these issues as the economic and long term health impacts become clearer.

Good progress has been made in some areas, with additional investment being made into projects to support a successful recovery from the pandemic including the Greenham Trust/West Berkshire Council Surviving to Thriving Fund and enhanced community engagement work. However, more will need to be done to restore what has been lost. For this reason, we have reviewed all of the commitments made in the original Vision and considered whether they are still appropriate in our new context. Where they are, we have renewed our aspiration and will continue to work together to meet them. Where they are not, we have developed new, evidence-based commitments which will enable us to better face the challenges ahead.

Our shared goal of inclusive growth: where everyone sees the advantages of our economic success in every aspect of their lives; whether it is in their health outcomes, their educational opportunities, their job prospects or their quality of life; remains the key tenet of this Vision. Together as partners we recommit to facilitate the change that West Berkshire needs to grow, both economically and socially, at a rate that benefits all of its residents, regardless of age, socio-economic status, health, gender or race.

Where are we now
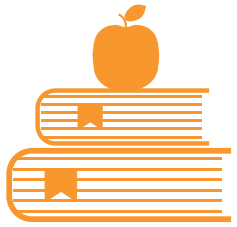
95% of schools **good** or **outstanding**

Part of Thames Valley **'Turbo Economy'**

12,300 homes built **2000-2022**

One of the best places to be a **woman**

Best rural broadband

In **bottom half** of Local Authorities for barriers to housing and services

Less than **an hour's** drive from Heathrow

51.5% educated to degree level

Best residential care in England
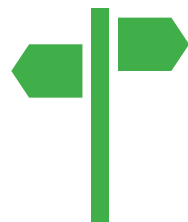
Strategic **crossroads** of Southern England

Population of **161,400**

Life expectancy for women **84** for men **80**

Newbury is the **'top tech'** town

4 working age people per retired person

74% Area of Outstanding Natural Beauty

One of the **happiest** places

Average house price **£396,372**

A West Berkshire where everybody has what they need to fulfil their potential

The first theme of the original Vision was the commitment to 'A West Berkshire where everybody has what they need to fulfil their potential'.

West Berkshire continues to benefit from the low levels of unemployment and very well-qualified workforce it did when the original Vision was published. The performance of local schools remains strong, with almost all schools being found to be good or better by Ofsted; levels of young people not in education, employment or training are lower than the national average and over half of residents have a qualification at degree level or higher. It also remains a safe place to live, with crime rates below the national average and very favourable local conditions in the areas proven to drive positive wellbeing. The legacy of the pandemic and the international humanitarian crises we have experienced have also strengthened our community in many ways, and evidence suggests that many feel closer to their local area and more inclined to volunteer their time to help others.

As with all areas and as was the case in 2017, however, there is need for improvement to ensure that all residents, regardless of their background, are given the same educational, technological and employment opportunities as well as the right to feel safe and nurtured in their communities. It is this that will drive growth and deliver the outcomes our communities need.

Our challenges, our opportunities and our aspirations

The below considers each of the individual commitments in the original vision and suggests where changes may be made if necessary.

Commitment

West Berkshire's communities will decide together what services they see as a priority and will, where they wish to, participate in how they are delivered.

Commentary

Links within the community and between partners have been strengthened by our experiences during the pandemic. This has given us a broader foundation on which to build joint working arrangements.

New commitment

We will co-design local services, using qualitative and quantitative data to ensure that what we deliver meets local need.

Commitment

We will monitor technological change and give the district's young people the skills and equipment they need to compete in our changing world.

Commentary

The market for highly skilled tech jobs has only gained momentum, with flexible working rising in prominence.

The opening of the University Centre at Newbury College has increased our capacity to provide teaching within the district and to expand our skills base.

New commitment

We continue to provide the district's young people with the skills and equipment they need here in West Berkshire to compete in our changing world

Commitment

We will seek to improve attainment in STEAM (science, technology, engineering, arts and maths) subjects and will explore the use of different educational models, including T Levels and apprenticeships, to meet demand.

Commentary

The impact of the pandemic on educational attainment has been evident globally. In West Berkshire, significant investment has been applied to mitigate this however it is felt that this aspiration should remain unchanged.

New commitment

We will seek to improve attainment in STEAM (science, technology, engineering, arts and maths) subjects and will explore the use of different educational models, including T Levels and apprenticeships, to meet demand.

Commitment

We will seek to become a national exemplar with the best opportunities for social mobility of any local authority area.

Commentary

We have expanded our working with community organisations to increase our reach to groups of residents that need support to access available opportunities.

New commitment

We will seek to become a national exemplar with the best opportunities for social mobility of any local authority area.

Commitment

We will renew the focus on equality of opportunity and ensure that those who want to are given the chance to enter, or re-enter, the workplace.

Commentary

As partners we are committed to ensuring that one's background or circumstances should not determine their prospects.

The work of our Skills and Enterprise Partnership and with our Diverse Ethnic Communities Support Agency, Educafe, has seen progress but it is important to ensure this aspiration remains.

New commitment

We will champion equality of opportunity and ensure that those who want to are given the chance to enter, or re-enter, the workplace.

Commitment

We will help to facilitate an environment in which the older generation are encouraged to stay in the work place longer, allowing them contribute to the local economy and their local communities supported and enabled through the use of the best technology.

Commentary

The link between remaining in the workplace and wellbeing is clear. With evidence suggesting there is a declining workforce supply and that skills are being lost from the workplace, we must renew our commitment to ensuring those who wish to remain in employment can do so.

New commitment

We will facilitate an environment in which the older generation are encouraged to stay in the work place longer and given scope to build on their skills, allowing them to contribute to the local economy, supported and enabled through the use of the best technology.

Commitment

We will educate residents as to how they can spot, prevent and discourage crimes as well as taking all necessary action when they do occur. We will put further measures into place to protect communities, should a threat arise, and ensure that residents are aware of potential threats and how to act accordingly.

Commentary

Crime prevention activities are provided by organisations that make up the Building Communities Together Partnership as part of their statutory duties.

New commitment

West Berkshire is a low crime area and crime prevention is a business as usual activity therefore whilst it remains a priority, it is not necessary to retain this as an aspiration.

Commitment

We will work together to confront the root cause of drug and alcohol abuse specific local concerns to promote better outcomes for those affected.

Commentary

Substance abuse remains a concern, particularly among some demographics. We built a Combating Drugs Partnership and we are coordinating, on a wider geographical area with Reading and Wokingham, needs assessments and actions to address any concerns in this area. It is therefore proposed that this commitment is retained.

New commitment

We will work together to confront the root cause of drug and alcohol abuse specific local concerns to promote better outcomes for those affected.

Commitment

We will ensure that all residents are given the opportunity to participate in their communities and can access the services they need.

Commentary

Links within the community have been strengthened since the publication of the original Vision and significant progress has been made on social prescribing, dementia friendly and community mapping initiatives, to name a few. This combined with the popularity of this work suggests this commitment should remain unchanged.

New commitment

We will ensure that all residents are given the opportunity to participate in their communities and can access the services they need.

These renewed commitments will ensure that we as partners can deliver a West Berkshire where everybody has what they need to fulfil their potential

A West Berkshire with a housing mix with something for everyone

The second of our aspirations related to the availability of suitable housing within the district to ensure we have a supply that provides for the needs of all. We know that West Berkshire is a desirable place to live, which is why housing delivery has broadly matched household growth in recent years. It is clear, however, that further housing of a variety of types and tenures, will need to be made available to ensure we can keep up with demand in the years to come and that those on lower incomes are not prevented from living within the district.

There are, however, significant constraints preventing development relating to our natural environment and major employment sites in the East of the district. As such, planning where to place new housing so that we can fulfil our aspiration will be a challenge, and one we must face with creativity and honesty.

To deliver our aspiration for the future, partners must work together to ensure that the homes built in West Berkshire, as well as the accompanying infrastructure, are the ones its residents want and can afford.

Our opportunities, our challenges and our aspirations

The below considers each of the individual commitments in the original vision and suggests where changes may be made if necessary.

Commitment

We will explore, and subsequently deliver, the types of homes and tenures required to address skills shortages as well as to encourage younger residents to remain in West Berkshire.

Commentary

The West Berkshire Council Housing Strategy, as well as work done as part of the Local Plan Review and the Census 2021, have provided new insight into the needs of our population, which we will use to decide which types of homes to deliver.

New commitment

We will deliver the types of homes and tenures required to address skills shortages as well as to encourage younger residents to remain in West Berkshire.

Commitment

We will work together to establish delivery vehicles for appropriate housing for residents on lower incomes.

Commentary

Overcoming the constraints on development that remain in the district will require creativity and partnership working, so this aspiration retains its relevance.

New commitment

We will work together to establish delivery vehicles for appropriate housing for residents on lower incomes.

Commitment

We will consider where existing buildings can be refurbished to create modern homes and business units.

Commentary

With the declaration of the climate emergency and the challenges that exist in identifying sites for new development, maximising the use of existing buildings remains important.

New commitment

We will refurbish out of use buildings to create modern homes and business units.

Commitment

We will monitor and review population profile and household size changes and ensure planning and delivery of housing responds to shifts in demand and need.

Commentary

A significant amount of analysis has been undertaken since the publication of the original Vision. We will respond to these insights and use them to plan housing delivery.

New commitment

We will ensure planning and delivery of housing responds to shifts in demand and need.

Commitment

We will widen choice and opportunity to access housing that supports continued independence, such as cohousing or home sharing.

Commentary

Choice Based Lettings went live in West Berkshire in 2020 which has facilitated positive change. We will continue to work towards this aspiration in the interests of those who require support to live independently.

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New commitment

We will widen choice and opportunity to access housing that supports continued independence, such as cohousing or home sharing

Commitment

We will look to achieve a safe rebalancing of resources from in-hospital to community based care, carrying out adaptations where necessary, and will encourage innovative approaches to meeting the housing and support needs of older people.

Commentary

The Process for hospital discharges is changing in the light of NHS funding. West Berkshire Council's Housing team works closely with Adult Social Care teams to carry out the necessary adaptations where needed for people leaving hospital. This aspiration remains relevant in light of the continuing need to support transfers of care between hospital and home.

New commitment

We will look to achieve a safe rebalancing of resources from in-hospital to community based care, carrying out adaptations where necessary, and will encourage innovative approaches to meeting the housing and support needs of older people.

Commitment

We will continue to work together to alleviate rough sleeping as soon as possible and to eliminate it within timeframes laid out nationally.

Commentary

As of the start of 2022/23 we have achieved zero rough sleeping in the district ahead of the national timeframe to halve rough sleeping by 2022 and end rough sleeping by 2027.

New commitment

We will ensure that the district's record of preventing rough sleeping is retained.

Commitment

We will understand what facilities new neighbourhoods require to be truly 'age friendly' whilst supporting our naturally occurring retirement communities. We will also prioritise access to services essential to the health, wellbeing, education and employment for all residents.

Commentary

This is being progressed through the evolving health inequalities taskforce action plan, linking access to services including housing, health, wellbeing, education and employment. It remains relevant as an aspiration as we must ensure housing supply meets the needs of our ageing population.

New commitment

We will understand what facilities new neighbourhoods require to be truly 'age friendly' whilst supporting our naturally occurring retirement communities. We will also prioritise access to services essential to the health, wellbeing, education and employment for all residents.

These renewed commitments will ensure that we as partners can deliver a West Berkshire with a housing mix with something for everyone.

A West Berkshire that welcomes business, enterprise and industry into a productive, growing and dynamic local economy

The original Vision spoke repeatedly about the strength of West Berkshire's local economy and the strong platform it provided for the future success of the district.

Back in 2017, we said that the district was home to a high number of SMEs, excellent digital infrastructure, a skilled and creative work force, low unemployment and many locational advantages. This remains the case in spite of the challenges associated with the pandemic and the cost of living crisis. West Berkshire must continue to be competitive and to maximise our assets. In doing so, however, we should also appreciate that the number of jobs in the area outstrips the working population and seek to mitigate this, while recognising the importance of in-commuting. In short, we must take advantage of the opportunities that come our way and focus on delivering infrastructure and economic development initiatives in a sustainable way that both meet the demands of modern life and reflect our shared values and heritage.

By ensuring we commit to the recovery and development of West Berkshire's local economy, we will help to create lively neighbourhoods and a strong and diverse sustainable economic base with the required employment land and flexible office space to meet demand. This in turn will attract investment in cultural and recreational attractions, skills, training and sustainable infrastructure which allows residents to remain economically active and, by extension, to enjoy better health and wellbeing outcomes.

Our challenges, our opportunities and our aspirations

The below considers each of the individual commitments in the original vision and suggests where changes may be made if necessary.

Commitment

We will attract funding for transport links and harness technological advances to ensure that West Berkshire is one of the top destinations of choice for international companies setting up in the UK.

Commentary

Supported improvements in sustainable transport, e.g. station redevelopments, railway electrification, walking and cycling infrastructure, electric cycles and cargo-bikes, reduced-carbon staff travel and car-sharing etc. This area is more relevant than ever and closely linked to WBC's carbon-zero ambitions and Environment Strategy. The emphasis will be on continuing to attract new sustainable businesses and ensuring they can network efficiently using low- and carbon free-technologies.

New commitment

We will attract funding for transport links and harness technological advances to ensure that West Berkshire is one of the top destinations of choice for international companies setting up in the UK.

Commitment

We will focus on high quality, sustainable builds in which companies are proud to do business.

Commentary

This aspiration is facilitated by policies within the new Local Plan so is no longer needed.

New commitment

None

Commitment

We will make the best possible use of technology while monitoring the potential impact on the workforce.

Commentary

No evidence has emerged to suggest that automation is creating a problem for the workforce in West Berkshire.

New commitment

None

Commitment

We will actively engage with and support STEAM (science, technology, engineering, arts and maths) industries in locating premises, employees and partnerships.

Commentary

STEAM industries remain a vital, and growing, part of our local economy and continuing to strengthen relationships with key employers, including the ones in the 'green' economy, will attract inward investment to the district.

New commitment

We will actively engage with and support STEAM (science, technology, engineering, arts and maths) industries in locating premises, employees and partnerships

Commitment

We will consider our role in facilitating the creativity potential enable by new funding options (crowdfunding / other alternative funding streams) so that those with ideas can work within an environment that enables them to succeed.

Commentary

Our successful contribution in this area, through initiatives such as the distributing the Additional Restrictions Grant Challenge Fund or supporting the Berkshire Film Office, evidence the need to focus on this area.

New commitment

We will consider our role in facilitating the creativity potential enable by new funding options (crowdfunding / other alternative funding streams) so that those with ideas can work within an environment that enables them to succeed.

Commitment

We will invest in infrastructure that will make it the best-connected, as well as one of the most desirable, business locations in the South East.

Commentary

Completion of the West Berkshire Superfast Broadband project and ongoing work to increase full fibre, 5G and broadband coverage highlight that this remains an important aspiration as remaining competitive is crucial to our economic success.

New commitment

We will continue to invest in infrastructure that will make it the best-connected, as well as one of the most desirable, business locations in the South East.

Commitment

We will invest in training and will consider developing low cost housing available for social rent to enable employees to locate themselves within West Berkshire.

Commentary

We facilitated the Kickstart programme that provided 18-24 year olds with 6 month work placements and advised businesses to help them apply to the scheme to create more jobs. We have also facilitated 'skill swaps' for young people at the Job Centre to support employability.

Low cost housing available for social rent is already established with our Registered Providers who develop in the district to encourage employees to locate themselves within the West Berkshire. Through our Local Plan, we will deliver the housing mix needed to meet the needs of our population.

New commitment

We will work with registered providers to ensure sufficient availability of low cost housing for social rent to enable employees to locate themselves within West Berkshire.

Commitment

We will support West Berkshire's businesses at every stage, from start-up advice, to location sourcing to ongoing engagement.

Commentary

The need to continue to support businesses to establish themselves in West Berkshire remains relevant to our economic success and investment in the Economic Development team as well as partnership working will facilitate this.

New commitment

We will support West Berkshire's businesses at every stage, from start-up advice, to location sourcing to ongoing engagement.

Commitment

We will do all we can to boost the size of the workforce, encouraging people from all demographics to remain economically active and attracting those with the skillsets we need to fill vacancies. We will also concentrate on retaining our talent, so that people who were born in West Berkshire and study elsewhere will aspire to return to live and work here.

Commentary

The Health and Wellbeing Board Skills & Enterprise Partnership works with the Thames Valley Berkshire Local Economic Partnership and the Thames Valley Chamber of Commerce to maximise employer engagement to identify and address skills needs across the district. West Berkshire Council is also developing a Partnership Agreement with the Department for Work and Pensions which will set out our joint offer leading to increased opportunities and support for unemployed West Berkshire residents to move into sustained jobs.

New commitment

We will do all we can to boost the size of the workforce, encouraging people from all demographics to remain economically active and attracting those with the skillsets we need to fill vacancies. We will also concentrate on retaining our talent, so that people who were born in West Berkshire and study elsewhere will aspire to return to live and work here.

Commitment

We will be pro-active and explore every single opportunity to expand the district's business offering.

Commentary

This remains relevant and additional resourcing in West Berkshire Council's Economic Development team will further enable this.

New commitment

We will be pro-active and explore every single opportunity to expand the district's business offering.

Commitment

We will start a meaningful conversation about how we can develop, the district, in a sensitive, landscape-led way to meet demand.

Commentary

The Local Plan review has achieved this.

New commitment

This is no longer required as engagement through the development of the Local Plan has facilitated this aspiration.

Commitment

We will work together to enable residents to take advantage of technological innovation in car use, prioritising the installation of the requisite charging points.

Commentary

There is now an Ultra Low Emission Vehicle (ULEV) Strategy for the district which plans for the necessary supply charging points.

New commitment

We will continue to ensure there is strong (Ultra Low Emission Vehicle) ULEV charging infrastructure in the district to meet demand.

Commitment

We will monitor the transport modal shift away from single use car journeys and, where necessary, will influence changes that promote environmental sustainability.

Commentary

The district's Environment Strategy was adopted in 2020 and will see significant strides in terms of mitigating climate change.

New commitment

We will support the work towards carbon neutrality for the district by 2030, through the Local Plan Review and the Local Transport Plan so that policies support sustainability.

Commitment

We will work together to ensure that supporting infrastructure around our train stations allows all of our residents and businesses to access new markets so that they compete internationally

Commentary

This remains important. In recent years, we have successfully bid for funding for projects from government with the support of local transport bodies and the Berkshire Local Economic Partnership. This has led to developments at stations such as Newbury and Theale.

New commitment

We will continue to facilitate joined up travel links, particularly in areas where significant strategic development is being undertaken.

Commitment

We will forge closer links with neighbouring areas where this stimulates growth in the district.

Commentary

Partnership working with neighbouring authorities will continue to be important as we seek to attract inward investment and government funding to the district.

New commitment

We will continue to work with neighbouring areas where this stimulates growth in the district.

Commitment

We will put the pedestrian and the cyclist at the heart of spatial planning, creating modern walkable and cycleable communities.

Commentary

Our LCWIP has provided the policy and direction for investment in cycling and walking infrastructure. Policy support is provided so that Active Travel is prominent in the Local Plan Review and the Local Transport Plan revision.

New commitment

We will continue to plan and invest in active travel options across the district.

These renewed commitments will ensure that we as partners can deliver a West Berkshire that welcomes business, enterprise and industry into a productive, growing and dynamic local economy

A West Berkshire where the health and wellbeing of residents of all ages and backgrounds is good

In spite of the challenges of recent years, West Berkshire remains generally a healthy, happy place to live. The district's life expectancy, at 81.4 years for men and 85.2 years for women, is above both the regional and national averages. The difference between healthy and overall life expectancy is also notably lower than across the South East and England. These good outcomes should be expected for all residents in a prosperous area such as West Berkshire.

However, we know that many people are not living as long as the wealthiest in society and spend longer in ill-health. This needs to change, and we have identified a number of issues and trends which will help address this inequality and ensure that all of our people are not merely living longer, but are living well for longer. The pandemic has exacerbated some of these issues and we must continue to review evidence of the longer term impacts of Covid-19 and respond accordingly.

Our challenges, our opportunities and our aspirations

The below considers each of the individual commitments in the original vision and suggests where changes may be made if necessary.

Commitment
We will empower individuals and communities to take greater responsibility for their health and provide support for those who need it at all stages of life.

Commentary
Initiatives such as the 'Let's Get Active Fund' support community organisations to run their own physical activity projects. Further initiatives are needed to support individuals and communities.

New commitment
We will empower individuals and communities to take greater responsibility for their health and provide support for those who need it at all stages of life.

Commitment
We will work with children, families, schools and nurseries to support every child to have the best start in life so they become healthy, resilient adults.

Commentary
'Cooking and nutrition' programmes at Family Hubs, living well workshops for year 3 classes, breastfeeding support, parental emotional regulation courses are examples of work supporting young people, families, nurseries and schools regarding the importance of healthy lifestyle choices from an early age.

New commitment
We will work with children, families, schools and nurseries to support every child to have the best start in life so they become healthy, resilient adults.

Commitment
We will create a stigma-free West Berkshire where people have the tools they need to manage their mental wellbeing, while ensuring high quality services are there to help those who need more support.

Commentary
A range of organisations have signed up to the Prevention Concordat for Better Mental Health to support the prevention of mental health problems and promoting good mental health. Other work in this area include: signposting information on local organisations that support mental health, physical health, counselling and bereavement and support for young people; progressing a needs assessment; New Wellbeing Bags which can be borrowed from our libraries; mental health first aid training. Greenham Trust and West Berkshire Council created a Surviving to Thriving Fund for organisations to help to mitigate the impacts of Covid-19 on mental health and wellbeing.

New commitment
We will maintain the focus on creating a stigma-free West Berkshire where people have the tools they need to manage their mental wellbeing, while ensuring high quality services are there to help those who need more support.

Commentary
We adopted a zero tolerance to suicide in 2017 and since then the sub group The West Berkshire Suicide Prevention Action Group has been steadfast and focussed on providing good quality information, advice and training to workers, volunteers, small business owners and voluntary sector organisations providing the necessary tools to assist everyone to notice signs and behavioural changes in people which could lead to suicidal thoughts. The training teaches people how best to respond and support individuals.

New Commitment
To continue work to uphold a zero tolerance to suicide by supporting the West Berkshire Suicide Prevention Action Group and to adopt policies and procedures within the authorities' control that supports the zero tolerance policy.

Commitment

We will invest in the wellbeing of our elderly residents ensuring that individuals, carers and families take an active role in their health and wellbeing with greater choice and control over their care.

Commentary

Carers Survey results showed carers' general satisfaction and being listened to by service providers. Safeguarding data shows high levels of involvement by service users in the decision-making process. Demand levels have been high and is managed through additional investment.

New commitment

We will continue to invest in the wellbeing of our elderly residents ensuring that individuals, carers and families take an active role in their health and wellbeing with greater choice and control over their care.

Commitment

We will reduce health inequalities where we can by delivering interventions for everybody, but focussing on those who need more help.

Commentary

To broaden the reach of assessment and signposting work we have implemented 'Healthy Living kiosks' in Hungerford, Thatcham and Newbury libraries. The reduction of inequalities remains important, particularly as the pandemic has exacerbated some of them.

New commitment

We will target the reduction of health inequalities where we can by delivering interventions for everybody, but focussing on those who need more help.

Commitment

We will work with our communities as equal partners to make the most of existing strengths and facilities to grow social networks and inclusion.

Commentary

Relationships between partners and the local community have been enhanced as a result of greater engagement during the pandemic. Work to retain this has begun through the Council's Communications and Engagement Strategy, including a framework for community co-production, to assist with the delivery of this aspiration.

New commitment

We will work in partnership with our local communities to make the most of existing strengths, support social networks, empower residents and shape inclusive communities.

Commitment

We will put health at the heart of all we do and promote healthy schools, towns and workplaces to enable people to make healthy choices.

Commentary

Health impacts are considered in all policy making decisions and new policies within the Local Plan also consider how development can support wellbeing e.g. through active travel and landscaping.

New commitment

We will ensure that health impacts are considered when developing new policies, initiatives and infrastructure.

Commitment

We will educate young people and support them and their families where they feel vulnerable, both on and offline.

Commentary

Through schools, we ensure young people are taught about the importance of online safety and protecting themselves online.

New commitment

We will educate young people and support them and their families where they feel vulnerable, both on and offline.

Commitment

We will work with all partners to raise awareness of the importance of antibiotic resistance.

Commentary

The Council's newly formed Health Protection Cell is leading on the Antibiotic/Antimicrobial resistance work stream, in-line with national policy and Berkshire West strategy.

New commitment

We will work with all partners to raise awareness of the importance of antibiotic resistance.

These renewed commitments will ensure that we as partners can deliver a West Berkshire where the health and wellbeing of residents of all ages and backgrounds is good.
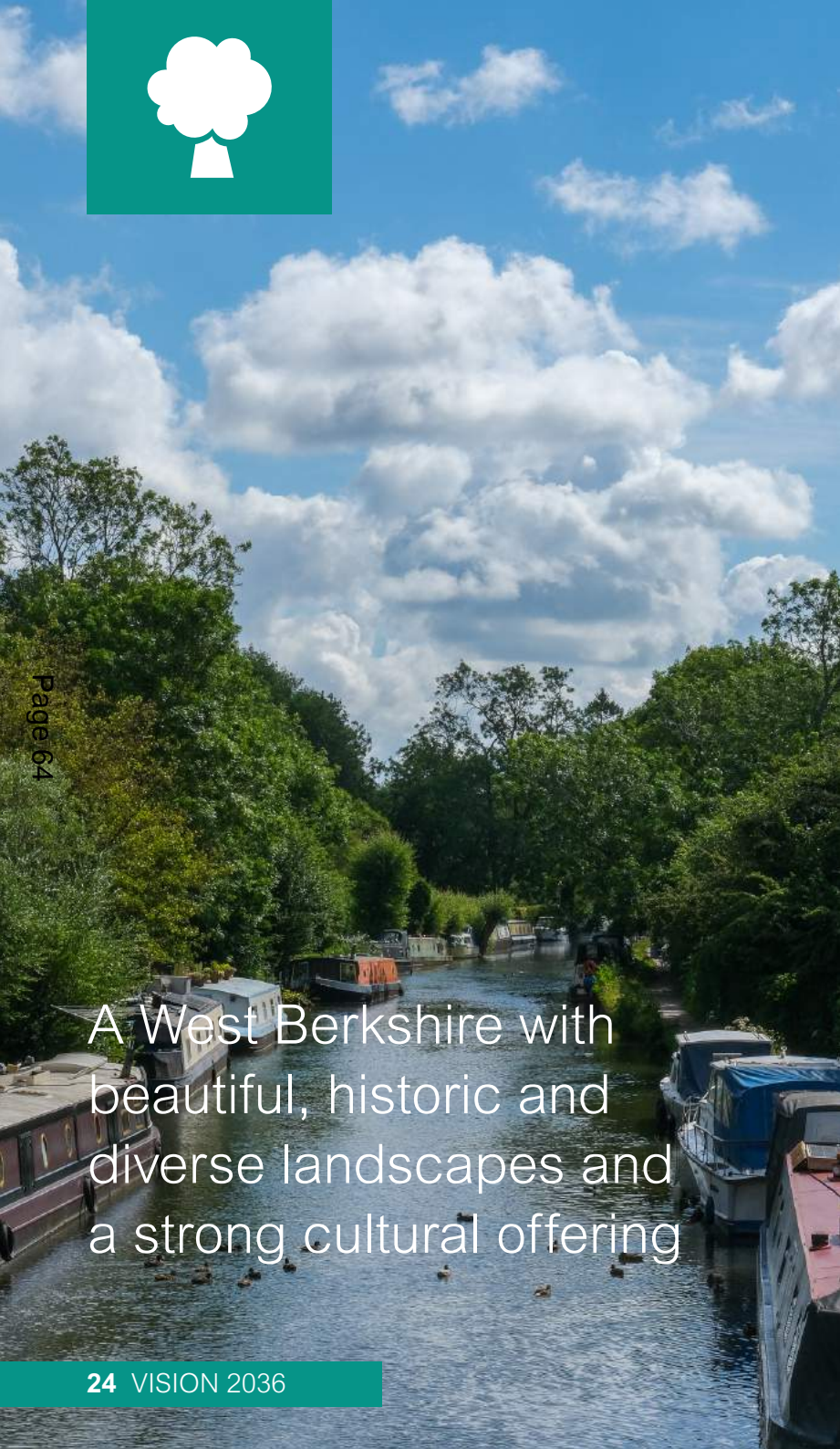
A West Berkshire with beautiful, historic and diverse landscapes and a strong cultural offering

It is perhaps in this priority area that our collective aspirations have shifted most fundamentally as the local declaration of a Climate Emergency and subsequent development of a new Environment Strategy to work towards carbon neutrality by 2030. The scale of this challenge is felt keenly in the district with flood risk, carbon emissions and other impacts of climate change already changing elements of our daily life. For this reason, investment in a wide range of projects and initiatives to mitigate the effects of climate change have been developed since the publication of the original Vision.

West Berkshire's diverse landscapes and historic environment remain among the reasons why West Berkshire is a popular place to live and continue to have an important role in promoting the health and wellbeing of residents. Our duty to protect these remains important and will shape much of the work we do as partners.

Similarly, West Berkshire's rich cultural offering remains important both, in terms of lifestyle and wellbeing, but also in terms of the local economy. Arts and culture organisations have undoubtedly been affected by the pandemic, as visitor numbers fell to virtually zero and are still recovering. As partners we will need to continue to work to assist these industries to recover to their former strength.

Our opportunities, challenges and aspirations

The below considers each of the individual commitments in the original vision and suggests where changes may be made if necessary. It also proposes some new aspirations taking into account the additional commitments made by partners in recent years.

Commitment

We will protect the district's precious historic, landscape and wildlife assets and work in partnership to enhance our landscape and wildlife and the opportunity for people to enjoy them.

Commentary

We already do so and will continue through the Local Plan Review which has been updated with the latest evidence.

We have established a Natural Solutions Delivery Partnership which will help to protect and enhance our countryside through projects aimed at addressing the biodiversity and climate crises.

New commitment

It is suggested that through the implementation of the Local Plan, this aspiration will be tracked and monitored, so it is not necessary to do so within the Vision.

Commitment

We will look to create a forum through which we can develop a comprehensive, crowd-sourced strategy about our cultural and arts offering to ensure its sustainability and to increase participation from everyone in our community.

Commentary

A co-design strategy has now been developed and delivery is being monitored by West Berkshire Council.

New commitment

We will continue to work together to support and enhance our cultural and arts offering in order to increase participation from everyone in our community.

Commitment

We will commit to using renewable energy where possible, thereby reducing our carbon footprint.

Commentary

The Environment Strategy makes this commitment on behalf of West Berkshire Council and builds on it in terms of energy generation.

New commitment

We will commit to using renewable energy where possible, thereby reducing our carbon footprint.

Commitment

West Berkshire partners will play their role in reducing CO2 emissions and will introduce specific mitigation measures in problem areas.

Commentary

West Berkshire Council and its contractors have already begun to implement such initiatives through the delivery of the Environment Strategy and are engaging with the community to support them to do so, too. The Council launched the UK's first Community Municipal Investment (CMI) offering our residents and community groups a unique way to invest in West Berkshire, funding green projects to help the district become carbon neutral by 2030.

New commitment

We will reduce our own CO2 emissions and will introduce specific mitigation measures in problem areas. We will also support our communities to reduce their own emissions.

Commitment

We will monitor the issue of residents being exposed to road, rail or air transport pollution and take reactive measures where necessary.

Commentary

We are better equipped to prevent traffic congestion following the completion of the A4 Thatcham Intelligent Transport Journey Time Measurement System. We have updated the Urban Traffic Management Control system to an intelligent system to maintain traffic flow and reduce CO2 and other pollutants' emissions.

New commitment

We will continue to monitor the issue of residents being exposed to road, rail or air transport pollution and take reactive measures where necessary.

New commitment

We will consider as partners how the use of materials harmful to the environment, including plastics, can be kept as low as possible.

Commentary

The implementation of the Environment Strategy as well as the use of the Council's Social Value Policy in its procurement are key to delivering this aspiration.

New commitment

We will minimise our use of materials harmful to the environment in our operations and encourage our community to do so, too.

Commitment

We will, through education and incentivisation, encourage residents to make the most environmentally sound choices available and to eliminate unnecessary waste and will also look to use new technology to facilitate recycling where we can.

Commentary

The Environment Strategy contains a number of initiatives which will do just this so it is suggested that the aspiration be amended slightly to reflect that delivery of the strategy will help to achieve this.

New commitment

We will, through the implementation of the Environment Strategy, encourage residents to make the most environmentally sound choices available and to eliminate unnecessary waste and will also look to use new technology to facilitate recycling where we can.

Commitment

We will look beyond our borders and, in doing so, will play our part in supporting national and international change through its policies and actions on CO2 emissions

Commentary

The Environment Strategy Delivery Plan includes actions in relation to engaging with national consultations and lobbying government on key issues. A record is being kept of when we engage in this way. We also look to reflect or go further than national environmental policies through our work on the Local Plan Review and also through being innovative in our work with partners.

New commitment

We will look beyond our borders and, in doing so, will play our part in supporting national and international change through its policies and actions on CO2 emissions.

Commitment

We will do all we can to manage demand while maintaining integrity of our supply of fresh water.

Commentary

As we are experiencing warmer temperatures, this remains relevant and we will continue to work with partners to ensure supply integrity.

New commitment

We will do all we can to manage demand while maintaining integrity of our supply of fresh water.

Commitment

We will work together to provide meaningful protection to our waterways, preserving them for generations to come.

Commentary

We continue to work with the Environment Agency and Canal and Rivers Trust on key waterways projects.

We have also formed a Natural Solutions Delivery Partnership which will look at biodiversity opportunities and investment across the District.

New commitment

We will work together to provide meaningful protection to our waterways, preserving them for generations to come.

Commitment

We will consider how we can further develop our cultural assets to maximise the number of people who are able to enjoy them.

Commentary

The progress of the Cultural Heritage Strategy and the Libraries review show that this remains relevant as these assets are important community facilities that all in the community should be able to enjoy.

New commitment

We will consider how we can further develop our cultural assets to maximise the number of people who are able to enjoy them.

Commitment

We will ensure that all of our parishes continue to be empowered to run their libraries in a way that works for them so that become multi-functional hubs, at the heart of the community.

Commentary

This proposed model has been effective in Hungerford and a review is being undertaken to consider the future operating model of libraries within the district.

New commitment

We will ensure that all of our parishes continue to be empowered to participate in how local library services are managed and run.

Commitment

We will consider how to boost the appeal of our centres, focusing on place-making, and ensure they are desirable to residents and visitors alike.

Commentary

West Berkshire Council has begun carrying out masterplanning exercises in its towns to fulfil this aspiration and will now move to the delivery phase.

New commitment

We will deliver the recommendations of masterplanning exercises in Newbury, Thatcham and Hungerford in order to secure the future of our town centres.

> These renewed commitments will ensure that we as partners can deliver a West Berkshire with beautiful, historic and diverse landscapes and a strong cultural offering.

Conclusion

As we have reflected throughout this document, there have been some fundamental shifts at national and international level which have led to changes we would not have been able to foresee when the original Vision was published. The pandemic, geopolitical events, and the impact of climate change have in many ways fundamentally changed how we live and we have had to respond to this; reframing some of our aspirations in the process.

That said, we have shown that progress has been made towards achieving many of the aspirations we set out in the original Vision. Our relationships with the community, our progress in mitigating the impact of climate change and our work in addressing health inequalities have been among these successes. In these areas we have been able to amend or supplement our original aspirations. In other areas our aspirations remain relevant and unchanged as we continue to work together to consider how best to deliver our shared ambition.

Just as they have done since the publication of the original Vision, factors in and outside of our control will affect the scale and nature of the challenge ahead of us. We will continue to work together to respond to this, paving the way for an inclusive, prosperous, thriving West Berkshire. This may include further amending parts of this Vision to reflect new challenges and new aspirations for our shared future. Our commitment to inclusive growth, sustainability and better outcomes for all of the people of West Berkshire will remain, cementing our district's future for generations to come.

Together we will continue to work towards our shared aspirations and, in doing so, will make West Berkshire a better place to live, work and learn.

Where we hope to be in 2036

ALL schools **good** or **outstanding**

Part of Thames Valley **'Turbo Economy'**

A range of housing types and tenures

The best place to be a **woman**

Strategic **crossroads** of the South East

Housing and services **accessible to all**

Less than **an hour's** drive or train ride to Heathrow

A workforce with a **wide range** of skills

Best residential care in England

Population of **167,000**

High Healthy Life expectancy

Newbury is an **internationally** recognised tech hub

3 working age people per retired person

74% Outstanding Natural Beauty

One of the **happiest** places

Best rural broadband

West Berkshire Health & Wellbeing Board

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Produced by West Berkshire Council's Graphic Design service.

The partners of the West Berkshire Health and Wellbeing Board include:

THAMES VALLEY POLICE

healthwatch West Berkshire

West Berkshire COUNCIL

NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

sovereign

Volunteer Centre West Berkshire

Berkshire Healthcare NHS Foundation Trust

Working together for health and wellbeing Public Health Services for Berkshire

NHS Royal Berkshire NHS Foundation Trust

Transformation Programme All Age NHS Continuing Healthcare (AACC)
and
Joint Funding

Sarah Webster
ICB Executive Place Director, Berkshire West

Aims of the Transformation

- Ensure that **assessments occur at the right time and place**, meeting all nationally mandated KPIs

- **Reduce variation in patient/carer experience of CHC assessments and eligibility** across BOB

- Establish **appropriate ICB oversight** of CHC and related services performance, developing locally appropriate

- Standardise and **enhance corporate support services** for CHC and related services, improve service resilience and efficiency

- Review our **commissioning arrangements** to drive economies of scale where appropriate whilst retaining local flexibility and responsiveness

Approach and next steps

- **Transformation Board overseen by ICB Chief Nursing Officer which meets monthly**

- **Broad representation across ICB, 5 x LAs and patient representative organisations**

- **3 phases:**

  1. Comprehensive review of CHC service across BOB

     October – January 23 *underway*

  2. Produce a strategic development plan for implementation of the recommendations from phase 1 ensuring high quality efficient, fair, and equitable AACC services across BOB ICS

     February - March 23 *underway*

  3. Underpin the delivery of the Transformation Programme Plan using an inclusive and supportive approach, providing leadership and mentorship to the clinical and non-clinical teams responsible for service provision

     April – September 23

Berkshire West

Current position

- The LGA review across BOB in July 2022 identified many areas for improvement particularly in Berkshire West

- Ongoing discussions between DASS' and ICB (including the ext. Transformation Consultants)

- Local action plan developed with a focus on:

  - Reviewing our **CHC standard operating procedures** to align with best practice;

  - Agreeing a **Disputes Policy** with target date by end of March 23;

  - Jointly developing a business case for the implementation of a **Joint Funding / Shared Care policy and pathway**, business case due by March 23;

  - Further work on improving **relationships and mutual trust** between teams to be undertaken as part of rollout of new policies

- New post agreed: BOB Head of CHC being seconded from NHS England from February to provide additional capacity and support to CHC team

Financial Problems and Mental Health (Final Report)

Report being considered by:	Health and Wellbeing Board
On:	23 February 2023
Report Author:	Adrian Barker
Report Sponsor:	Councillor Jo Stewart
Item for:	Decision

1. Purpose of the Report

This is the final report from the Mental Health Action Group on the impact of personal financial problems on people's mental health. This addresses, item 5.1.1, of the delivery plan for the West Berkshire Health and Wellbeing Strategy, agreed by this Board in 2021: "Ensure residents have access to financial support and advice (e.g. benefit entitlement, debt advice, unemployment)".

2. Recommendation(s)

The Board is asked to consider the proposals set out in the attached report and decide whether to agree any or all of them.

3. Executive Summary

3.1 For this work we have engaged with a wide range of voluntary and public sector organisations and individuals. From this engagement and from further research, a picture has emerged of how a range of factors, including financial problems and mental health, interact with each other, which can sometimes lead to a downward spiral, where it is progressively more difficult to deal with the various issues.

3.2 This means that ways of reducing the impact of financial difficulties on mental health need to go beyond the immediate symptoms to address the underlying problems. This is in line with the objectives of the Joint Health and Wellbeing Strategy and its aim of tackling the social determinants of ill health. Some of the proposals may therefore also support other elements of the strategy.

3.3 As with many aspects of public health, some groups are affected more than others, such as disabled people, those with chronic health conditions, those who are discriminated against (whether intentionally or systemically) like certain ethnic minorities, lesbian, gay, bisexual, transexual people and others, those in poverty or deprivation, homeless people and more. The approach of the Board to health inequalities is therefore of importance here and this should be taken into account in the implementation of the proposals.

3.4 The complex nature of the problem, with many interacting factors means that proposals should ideally address all of the following:

- Finances – increasing income, reducing expenditure, improved financial management.

- Mental health – treatment, peer support, developing resilience and coping strategies

- Addressing other 'stressors' (usually already the purview of other services) such as substance abuse, housing, employment, bereavement.

- Combined approaches tackling more than one issue at once – e.g. mental health services signposting financial advice and support; the community mental health framework; dual diagnosis support; help for troubled families; homelessness support, family counselling, etc.

3.5   The full proposals are set out in the accompanying report.

4.   Supporting Information

This report is being brought to the Health and Wellbeing Board as part of the Mental Health Action Group's role in helping implement the Delivery Plan of the Joint Health and Wellbeing Strategy.

5.   Options Considered

5.1   A large number of options have been considered in discussion with stakeholders over the course of this piece of work. Generally, there has been support, in principle, for broad approaches, but occasionally rejection of particular ways of implementing them. For instance, while it was felt that a wide range of information should be easily available, it was generally agreed that this should be through existing sources, rather than complicating the landscape by setting up new websites. Similarly, the risk was noted of many people trying to get publicity in competition with each other, so diluting messages and wasting resources; so better to co-ordinate such activities. Some issues were raised, such as the cost of school uniforms, but it was then found that there are already various sorts of support to help parents with these, even they were not widely known about (and also that there is a new law requiring schools to ensure uniforms do not include branded items). Some suggestions, such as increased funding for the voluntary sector, were seen as desirable, but there was a resignation that substantial extra funds are unlikely to be available.

6.   Proposal(s)

6.1   The Board is asked to consider the full report for the detail of the proposals and some supporting evidence for them. A summary of the issues and nine proposals are given below. These are summarised in the action plan that follows, which makes clearer who the action owners are, the outputs and timescales. The Board may wish to use that action plan when deciding whether or not to agree the proposals.

6.2   Proposal 1. Work with schools

6.3   The idea of preparing children from an early age to be able to deal with financial and mental health problems came up repeatedly in our discussions with stakeholders.

6.4   The development of financial management awareness and skills should, where possible, be incorporated into the curriculum.

6.5   It is also important to build on existing work to strengthen children and young people's emotional resilience and coping strategies.

6.6   This is appropriate for primary and secondary education, but with different approaches for different ages.

6.7   This needs to be taken forward by the education sector, ideally with a co-ordinated approach, sharing learning where possible.

6.8   P1.1: It is proposed that the Schools Health and Wellbeing Officer be asked to oversee the implementation of this proposal, delegating to others as appropriate. They should be asked to report back on progress to the Health and Wellbeing Board by February 2024.

6.9   Proposal 2. Information and advice

6.10   Information and advice is integral to many of the other proposals. There is already much good practice in this area, so rather than new initiatives, what would be helpful now is reviewing arrangements and material, filling in gaps, ensuring everything is simple and easy to understand and co-ordinating communications activities.

6.11   The sorts of thing that have been proposed as part of this work include:

- Ensure there is a single, online point of communication and support, so that people with a problem know where to start.

- Provide a range of hard copy information such as leaflets and z-cards

- Deliver a concerted information campaign to ensure as many people as possible know what is available.

- Consider other support materials such as videos.

6.12   In particular, it is important that the online information available locally, simply but comprehensively signposts to the support available nationally and locally.

6.13   P2.1: As part of delivery action 2.9.5 and 2.9.6 it is proposed that a brief task and finish group, including relevant voluntary organisations and individuals, be set up to review the content of the West Berkshire Directory and Cost of Living hub, and make sure all relevant sources (including those described above) are linked to.

6.14   P2.2: The Public Health and Wellbeing team at West Berkshire Council, and others providing such material, should be asked to review the leaflets, z-cards and other hard copy information they provide to make sure the full range of information on financial management is available.

6.15   P2.3: The Health and Wellbeing Board is asked to consider whether any other communications such as videos or an information campaign would be worthwhile and if so to delegate action to the appropriate communications teams.

6.16   Proposal 3. Digital inclusion

6.17   Promoting digital inclusion enables access to comprehensive advice and support, and easier management of day-to-day affairs, including financial management. It should include:

- Making equipment available to more people through loans, grants or donations or making kit available in public places

- Training in operating online, including security.

- Handholding and assistance when people use the equipment.

6.18   Digital enablement is one of the eight principles in the Joint Health and Wellbeing Strategy so is fundamental to its achievement.

6.19   There are already a number of strands of work on digital exclusion in health and in local government. It may be helpful to co-ordinate these strands to avoid duplication and exploit opportunities where work could be mutually supportive.

6.20   P3.1: It is proposed that a task and finish group be set up to consider how this work could best be co-ordinated and report back to the Health and Wellbeing Board by September 2023. Invitations to attend should include representatives of the ICB (e.g. the Digital Programme Manager / Digital Literacy Lead), the Berkshire Digital Infrastructure Group, NHSE South East Region and the Patient Panel West Berkshire.

6.21   Proposal 4. Support and develop the Community Mental Health Transformation Programme

6.22   The Community Mental Health Transformation programme, aimed at helping people with serious mental illness, is being rolled out nationally and is due to be implemented in West Berkshire from 2023-24. This move to integrated mental health provision at community level, is a key part of the NHS Long Term Plan. It aims to break down barriers between (1) mental health and physical health, (2) health, social care, voluntary, community and social enterprise organisations and local communities, and (3) primary and secondary care. Although aimed at people with serious mental illness, it is a model for a prevention based approach, with integrated, personalised, place-based and well-coordinated care, that could be applied more widely.

6.23   This holistic, cross-sector approach provides a way of dealing with a series of interrelated problems. It can start to deal with some of the underlying issues rather than just the symptoms and can prevent problems getting out of hand, rather than only addressing them when they reach crisis point.

6.24   While this is a nationally mandated approach, there are, of course, challenges in implementing it effectively. These are not insurmountable but do require commitment from all the relevant parties.

6.25   **P4.1: The Health and Wellbeing Board should commit to supporting this initiative and making it a success.**

6.26   The second part of the proposal is, in time to expand the programme to support a wider range of people. That would include those with less serious mental health issues and address people's financial problems. This could also potentially support other elements of the Joint Health and Wellbeing Strategy.

6.27   **P4.2: The second element of this proposal is, in time, to expand the programme to support a wider range of people.**

6.28   A significant issue which has been raised with us but is also reflected in the national evaluations of the scheme, is the importance of physical spaces. Many people, especially those who are vulnerable, prefer to have a place they can go, with familiar people to talk to.

6.29   **P4.3: The third element of this proposal is to build into the estates strategies or other policies (such as land use planning) of the HWB constituent bodies the identification of suitable premises to form physical wellbeing hubs.**

6.30   **5. Financial management**

6.31   In addition to education on the principles of financial management in schools, training could also be offered at particular life stages such as:

- Young people leaving school, college or university

- Home buyers or people taking out a mortgage

- Starting a family

- Redundancy

- Retirement

6.32   It should also be offered when people are starting to get into financial trouble.

6.33   There should also be training for front-line staff, in the voluntary, public and private sectors and particularly those who provide mental health support. There should also be basic training in mental health for those front-line staff.

6.34   A spectrum of mechanisms for providing such training should be mapped out and a gap analysis performed to identify where more needs to be done. This could involve commissioning some new services.

6.35   **P5.1. The Volunteer Centre should be asked to co-ordinate training offered on a voluntary basis, whether to public or voluntary sector organisations. This should also include basic mental health training.**

6.36   **P5.2. The Locality Integration Board should be asked to consider whether training of this sort could be commissioned in future as part of the Better Care Fund.**

6.37   An important source of additional income for people struggling financially is unclaimed benefits. One estimate is that £15bn of benefits are unclaimed each year. Advice on eligible benefits should be included in all financial management training and support.

6.38   It is also important that all benefits calculators, including those provided by the council provide estimates across the full range of benefits.

6.39   **P5.3 The relevant Council departments should be asked to review the benefit calculators they use to ensure that comprehensive advice is being given.**

6.40   **P5.4. The Berkshire Healthcare Foundation Trust, through its representative on this Board, be asked to review the extent to which its front-line staff are able to offer basic financial advice and signpost to sources of help and how this could be improved, and to report back to this Board by September 2023.**

6.41   **6. Develop voluntary sector and peer support**

6.42   Much help can be provided very cost effectively by the voluntary sector. More needs to be done to ensure the sector has sufficient capacity and that there is provision in key areas where support required – filling the gaps.

6.43   One particular form of support might be 'finance buddies' who could informally help each other.

6.44   While there may be a sound financial case for investing in prevention, a problem is that those organisations paying for the investment might not be the ones benefiting from it. The Better Care Fund is an existing mechanism for sharing such costs and benefits.

6.45   The process of identifying where more help is needed could happen organically through the local, integrated health and wellbeing hubs identified in Proposal 4. However, there may also be a need for a more strategic approach, identifying need and jointly commissioning greater support, probably through the Better Care Fund.

6.46   As part of the response to the cost of living crisis a £100,000 emergency crisis fund was set up by the Council and Greenham Trust. Experience of other such funds (such as Thriving to Striving) suggests that the available funding is not always fully taken up. There may be a need, therefore, to investigate why voluntary organisations do not put forward bids, or bids that prove to be successful and what can be done to remedy this.

6.47   **P6.1: It is proposed that under the auspices of the Locality Integration Board, the commissioners of voluntary sector services, from the ICB and Council, together with the Volunteer Centre, be invited to review arrangements for commissioning services which could impact, directly or indirectly, on financial problems and mental health. They should also consider ways of improving the take-up of funding opportunities on offer. Where it is estimated to be cost-effective in the longer term, taking account of the full range of social costs and benefits, to consider inviting bids for services that would prevent such problems developing. This might be done through a joint commissioning arrangement or the Better Care Fund.**

6.48   **Proposal 7. Employers' charter**

6.49   The impact of employment on health and wellbeing is recognised at various points in the Joint Health and Wellbeing Strategy, so co-ordination across the strands is important.

6.50   Promoting one or more employers' charters would help meet the needs identified in this report in two ways: by increasing the likelihood of people receiving an income they can live on; and increasing the chance of working conditions helping rather than negatively affecting people's mental health.

6.51   However, it goes beyond the issues of financial problems and mental health, to address a range of health and wellbeing issues, and could be of relevance to a number of the Joint Health and Wellbeing Strategy objectives.

6.52   An employers' charter could set standards and provide recognition for various things contributing to health and wellbeing, such as:

- Rates of pay (e.g. whether meeting the 'real living wage').

- Security of employment (e.g. guaranteed hours vs zero hours contracts)

- Terms and conditions (e.g. financial and other support when sick)

- Organisation of work (e.g. extent of control over one's work and other factors that influence stress and mental health).

6.53   An online listing of employers with their achievement on the charter and employee ratings could help those looking for work.

6.54   A charter could benefit employers through better recruitment and retention, reduced absenteeism and higher productivity.

6.55   There is an existing commitment in the Joint Health and Wellbeing Strategy delivery plan to:

5.5.1: Support small businesses to promote mental health and wellbeing practices in workplaces (e.g. mental health awareness training, the Mental Health at Work Commitment).

6.56   **P7.1. It is proposed that under the auspices of the Skills and Enterprise Partnership (a sub-group of this board), the key business related partners such as the Thames Valley Local Enterprise Partnership, the Thames Valley Chamber of Commerce and the Newbury Business Improvement District, be invited to consider the value of employer charters and commitments to employers as well as employees, and if thought appropriate, to progress the introduction of one or more schemes into the area.**

6.57   **Proposal 8. Improve service providers' processes**

6.58   Impenetrable web pages, complicated forms and interminable telephone calls can make access to service providers stressful and inefficient.

6.59   Co-production roundtables could be used to address and improve such processes and increase understanding amongst all parties of how they should work. Another strand of work could be review and revise webpages.

6.60   Where there is discretion to increase benefits or loans, waive or delay payment of bills, the co-produced workshops could explore how these could targeted to reduce the overall level of financial distress.

6.61   **P8.1: It is proposed that the Volunteer Centre and Citizens Advice be invited to take account of the issues raised in this report when providing feedback to service providers and consider whether it would be worthwhile holding a themed series of co-production events.**

6.62   Council tax is a particular burden on people, so ways should be sought to reduce it.

6.63   **P8.2: It is proposed that West Berkshire Council, in consultation with relevant voluntary organisations, such as Citizens Advice, investigate ways of reducing the council tax burden on the most vulnerable families.**

6.64   Just the existence of debt can adversely impact on people's mental health. Debt collection methods, such as the use of court orders and bailiffs can make the impact even worse and do not necessarily lead to the recovery of more of the income owed.

6.65   **P8.3: it is proposed that the Health and Wellbeing Board asks the departments involved in debt collection in the council, relevant health bodies and other local organisations who are willing to participate, to review their arrangements through co-designed groups involving voluntary organisations and people with relevant lived experience.**

6.66   **Proposal 9. Other ways to increase income and reduce expenditure**

6.67   Ways in which people's costs have been lowered in other parts of the country, include community growing schemes, social supermarkets and community energy schemes. Whilst most of the approaches are already being used in this area it may be worth seeking to learn from initiatives in other places.

6.68   One area where there may be scope for doing more is in reducing energy costs through community schemes or supporting individual households.

6.69   **P9.1: It is proposed that the council and local housing providers be asked to jointly investigate options for supporting the provision of low cost, sustainable energy and improved insulation in deprived areas and for vulnerable families.**

7.   Summary of proposals and action plan

Action	Lead	Output / Indicators	Timescale
Proposal 1 – work with schools			
P1.1: Primary and secondary schools to develop students' financial management skills in appropriate ways, building this into the curriculum where possible.	The Schools Health and Wellbeing Officer, delegating to others as appropriate.	Initial output – plans for how to develop financial management skills. Final output – development of financial management skills in primary and secondary schools in the district.	To report progress to the Health and Wellbeing Board in February 2024
Proposal 2 – information and advice			
P2.1: Review the content of the West Berkshire Directory and Cost of Living hub, and make sure all relevant sources are linked to, as part of JHWS delivery action 2.9.5 and 2.9.6.	Communities and Wellbeing (or Engagement Group if established) to set up a task and finish group, including relevant voluntary organisations and individuals	Revised and updated online content	September 2023
P2.2: To review the leaflets, z-cards and other hard copy information provided by the council and any other relevant bodies, to make sure the full range of information on financial management is available.	The Public Health and Wellbeing team at West Berkshire Council, and others providing such material.	Updated materials	September 2023

Action	Lead	Output / Indicators	Timescale
P2.3: The Council and ICB communications teams to consider whether any other communications such as videos or an information campaign would be worthwhile and if so initiate the appropriate action.	The HWB Engagement Group, if re-established, but otherwise the communications teams of the Council and ICB.	Videos or other communications and / or a communications campaign	To review decisions and progress by September 2023
Proposal 3 – Digital Inclusion			
P3.1: To determine the best way of co-ordinating action to tackle digital exclusion and then to implement those arrangements.	Communities and Wellbeing to set up a task and finish group, with invitations to attend to include representatives of the ICB (e.g. the Digital Programme Manager / Digital Literacy Lead), the Berkshire Digital Infrastructure Group, NHSE South East Region and the Patient Panel West Berkshire.	Improved co-ordination of actions to reduce social exclusion, reducing duplication, reducing gaps in provision and exploiting opportunities for joint work.	September 2023
Proposal 4 - Support and Develop the Community Mental Health Transformation Programme			
P4.1: The Health and Wellbeing Board should commit to supporting this initiative and making it a success. That should include leading by example in	Health and Wellbeing Board Berkshire Healthcare Foundation Trust	Progress reports from BHFT to the Board on implementation over the next year	February 2024

Action	Lead	Output / Indicators	Timescale
supporting the programme, encouraging its partner members to engage productively with it and receiving regular progress reports on the implementation.			
P4.2: To commission a review of the Community Mental Health Transformation Programme, to determine whether, in time, it could be expanded to support a wider range of people	Health and Wellbeing Board	Determining who should do this review and to commission them	February 2024
P4.3: To build into the estates strategies or other policies (such as land use planning) of the HWB constituent bodies the identification of suitable premises to form physical wellbeing hubs, probably distributed by PCN.	Each of the organisations represented on the board.	Reports by each of the constituent organisations on whether they support the proposal for physical wellbeing hubs within each PCN and if so, how this objective could best be pursued in their strategic management of estates or other policies (such as land use planning).	September 2023.
Proposal 5 – Financial Management			
P5.1: The Volunteer Centre should be asked to co-ordinate training offered on a voluntary basis, whether to public or voluntary sector organisations. This should	Volunteer Centre	Co-ordination of training in financial management and mental health offered on a voluntary basis	To report progress by September 2023

Action	Lead	Output / Indicators	Timescale
also include basic mental health training.			
P5.2: To ensure financial management training is available locally, particularly at key life transition stages.	Locality Integration Board	Assessment as to whether financial management training could be commissioned through the Better Care Fund.	September 2023
P5.3: The relevant Council departments should be asked to review the benefit calculators they use to ensure that comprehensive advice is being given.	West Berkshire Council, Benefits	Review of calculators and, depending on the result, the use of more comprehensive ones.	September 2023
P5.4: The Berkshire Healthcare Foundation Trust, be asked to review the extent to which its front-line staff are able to offer basic financial advice and signpost to sources of help and how this could be improved, and to report back to this Board.	BHFT representative on the HWB	Understanding of the current capacity to offer basic financial advice and signpost sources of help, and any proposals for improving this.	September 2023
Proposal 6 - Develop voluntary sector and peer support			
P6.1: The ICB and Council commissioners of voluntary sector services, together with the Volunteer Centre, be invited to review arrangements	Locality Integration Board (With Volunteer Centre)	Review of commissioning arrangements for relevant voluntary services. Improved take up of funding opportunities on offer.	September 2023

Action	Lead	Output / Indicators	Timescale
for commissioning services which could impact, directly or indirectly, on financial problems and mental health. To consider ways of improving the take-up of funding opportunities on offer. Where it is estimated to be cost-effective in the longer term, taking account of the full range of social costs and benefits, to consider inviting bids for services that would prevent such problems developing. This might be done through a joint commissioning arrangement or the Better Care Fund.		Assessment of cost-effectiveness of investing in services to prevent social and mental health problems developing. Decision on whether the Better Care Fund would be an appropriate mechanism for such joint commissioning.	
Proposal 7 – Employers' Charter			
P7.1: It is proposed that under the auspices of the Skills and Enterprise Partnership (a sub-group of this board), the key business related partners such as the Thames Valley Local Enterprise Partnership, the Thames Valley Chamber of Commerce and the Newbury Business Improvement District, be invited to consider the value of employer charters	Skills and Enterprise Partnership	Decision on whether to introduce employers' charters or commitments in the area, and if so to produce a plan for how this will be achieved.	To report back progress to the Health and Wellbeing Board by September 2023

Action	Lead	Output / Indicators	Timescale
and commitments to employers as well as employees, and if thought appropriate, to progress the introduction of one or more schemes into the area.			
Proposal 8 - Improve service providers' processes			
P8.1: The Volunteer Centre and Citizens Advice be invited to take account of the issues raised in this report when providing feedback to service providers and consider whether it would be worthwhile holding a themed series of co-production events.	Volunteer Centre	Amended feedback to providers to improve processes.	Progress to be reported by September 2023.
P8.2: West Berkshire Council, in consultation with relevant voluntary organisations, such as Citizens Advice, to investigate ways of reducing the council tax burden on the most vulnerable families.	West Berkshire Council	Changed policy and/or procedures to reduce the financial burden on vulnerable people.	To report progress by September 2023.
P8.3: The departments involved in debt collection in the council, relevant health bodies and other local organisations who are willing to participate, be invited to	West Berkshire Council	Changes to the policies and/or procedures on debt collection to reduce the financial burden on vulnerable people.	To report progress by September 2023.

Action	Lead	Output / Indicators	Timescale
review their arrangements for collecting debt, through co-designed groups involving voluntary organisations and people with relevant lived experience.			
Proposal 9 – Other ways to increase income and reduce expenditure			
P9.1: The council and local housing providers be asked to jointly investigate options for supporting the provision of low cost, sustainable energy and improved insulation in deprived areas and for vulnerable families.	West Berkshire Council, Housing	An evaluation of options.	To report progress by September 2023

8.   Conclusion(s)

8.1   Mental health problems linked with people's personal financial problems are a real issue which is only getting worse with the cost of living crisis. However, the causes of the problems are complex and multiple factors need to be addressed if those suffering from a wide number of issues are to escape from the vortex dragging them down.

8.2   This report therefore makes nine proposals which it is hoped would address many of the factors. Many of these are also linked with other aspects of the Joint Health and Wellbeing Strategy.

8.3   This report is just the starting point of addressing personal financial problems and mental health. With the time and resources available it has only been possible to scratch the surface of the problems and possible solutions. Also, the approaches to dealing with the problems are interlinked with other Strategy objectives, so need to be considered as a whole.

9.   Consultation and Engagement

9.1   The Health and Wellbeing Board Steering Group was consulted on a near final draft of the report.

9.2   A wide range of organisations and individuals have been involved through discussions and stakeholder events. The conclusions of the report do not necessarily represent the views of the individuals concerned or the organisations of which they are part. We are extremely grateful for their participation and contributions. The organisations (sometimes with more than one person per organisation) include the following:

West Berkshire Council (member mental health lead, public health, adult social care, council tax, public protection)
Citizens Advice
Loose Ends
Educafe
Money Matters training
Sovereign
Social prescriber
West Berkshire Foodbank
Eight Bells for Mental Health
Christians Against Poverty
Newbury Soup Kitchen
DWP
Two Saints
Homestart
Volunteer Centre
Healthwatch West Berkshire
BOB ICS (GP mental health lead, locality manager)
Samaritans
Newbury Community Resource Centre

10.   Appendices

Appendix A – Final Report of the Mental Health Action Group Report on Financial Problems and Mental Health

Background Papers:

Financial Problems and Mental Health (Interim Report), Health and Wellbeing Board, 8 December 2022

Health and Wellbeing Priorities Supported:

The proposals will support the following Health and Wellbeing Strategy priorities:

☒   Reduce the differences in health between different groups of people
☒   Support individuals at high risk of bad health outcomes to live healthy lives
☐   Help families and young children in early years
☐   Promote good mental health and wellbeing for all children and young people
☒   Promote good mental health and wellbeing for all adults

The proposals contained in this report will support the above Health and Wellbeing Strategy priorities by highlighting the links between financial problems and mental health and identifying mitigating actions.

Appendix A

Report to the Health and Wellbeing Board
From the Mental Health Action Group
23rd February 2023

'Financial Problems and Mental Health'

1. Introduction and background

This is a report from the Mental Health Action Group as part of its work in addressing elements of the delivery plan for the West Berkshire Health and Wellbeing Strategy, agreed by this Board in 2021.

The specific aim in the delivery plan that we are addressing is.

> 5.1.1: Ensure residents have access to financial support and advice (e.g. benefit entitlement, debt advice, unemployment)

This is part of the broader strategic objective to:

> "Tackle the social factors that create risks to mental health and wellbeing, such as social stressors related to debt, unemployment, insecure housing, trauma, discrimination, as well as social isolation and loneliness"

The current context for this is the escalating cost of living crisis. While this work needs to be aware of that context, and to help where it can in addressing the issues, it has a more enduring aim: to try and reduce the extent of mental health problems arising from personal financial difficulties in the longer term.

The work so far has included the following actions:
- a sub-committee including key local organisations and individuals was formed to offer advice and support. It includes a councillor and officers from West Berkshire Council, the DWP, Citizens Advice, a social prescriber, Eight Bells and the ICB GP lead for mental health
- discussions with a number of individuals and groups
- an online stakeholder event on 14th September with 20 participants representing statutory and voluntary sector bodies including the key ones providing help to people in need.
- A face-to-face event at Shaw House on 23rd November, with twelve attendees.
- An online event on 29th November with 11 attendees.

Proposals have been gradually developed throughout the process on an iterative basis. An early version of the final proposals was put to consultation in an online survey between later December and early July.

[*Please note that the comments in italics throughout this report are summaries of what was said at the stakeholder event rather than direct quotes, though often close to the wording used.*]

2. The Nature of the Problem

The personal financial problems that people are suffering are worse at the moment than they have been, but the same underlying issues were there before the cost of living crisis and will probably still be there afterward.

It is abundantly clear that mental health problems are closely tied up with financial and other difficulties (some of the research evidence is presented later in this report). The agencies participating in the September stakeholder workshop said that many of the people using their services had mental health problems. At the start of the workshop we ran a poll asking "What proportion of your service users have a mental health problem?" with options from 0% to 100% in 20% bands. No-one selected the 0% option. The answer with most responses was 60% having mental health problems. Four respondents said 100% of their service users have mental health problems. As one participant noted, *"why would you not have mental health difficulties given the sort of situation they are faced with"*.

2.1 The main, broad types of problem

While everyone in financial difficulty is different, common factors and patterns in problems and circumstances can be identified. Identifying these groupings can be helpful when trying to identify ways of tackling the problems. (These are not mutually exclusive groups and people can move between them, but they represent features that were highlighted by the people we have spoken to).

2.1.1 Multiple problems and chaotic lives

At one extreme are those with a range of serious problems such as addiction, homelessness and serious mental illness. They are sometimes described as living 'chaotic lives'.

> *We try and talk to people about budgeting but they've got nothing to budget with, so it kind of feels insulting.*

2.1.2 Trigger event and spiral down

There is another group of people who have been managing (albeit 'just about') who have been tipped into financial, mental health and other difficulties, then find it difficult to escape

> *I see other people who have been in work. Things like life changing events, addictions, health issues can trigger people and take them over the edge and force them into financial difficulties. Once they struggle with the debt they spiral down into serious mental health conditions and it's very difficult to get out of that.*

There are many sorts of such trigger factors such as bereavement, unemployment, relationship breakdown or taking on caring responsibilities. Some are, in principle, preventable, while others (such as bereavement or some ill health) are just part of life, but where timely support can still reduce the negative impact.

2.1.3 External events – the cost of living crisis

Because it is currently so salient, it is also worth separating out those who are affected by 'external' events (i.e. outside of local control, albeit that national governments have a role in addressing them). These are different because they affect many more people and are factors that can be mitigated against rather than controlled. It includes things like energy prices, inflation more generally, the impact of war, pandemic etc.

We heard how people who have not experienced such problems before are being brought into the net of vulnerability and poverty.

> *People are scared, so, so scared. Those on a fixed income, working families, we are finding all of those people are struggling with it, and they are feeling down because they can't see an end to it.*

> *We are seeing client groups that historically have been able to manage. People that are only in receipt of state retirement pension that have always been able to manage, now can't.*

> *The demographic of people that come to the foodbank has changed considerably. … 60% of the people that come to us are on universal credit but are working. I am speaking to intelligent, educated people who for some reason don't know about the amazing charity work that's going on in West Berkshire and the support available.*

2.1.4 Deficit budgets

Increasingly, there are people in each of the groups above, whose income is not enough to meet their basic needs. So, this is not an issue of budgeting better and making 'sensible' life choices. Better management of personal finances is not, on its own, a viable path to resolving such situations.

> *There are no more ways of maximising income, of squeezing people's budgets. Deficit budgets are becoming the norm. We know that people can't cope with that and they will be driven to take out debt with very*

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high interest rates, particularly people on benefits. It causes added pressure, stress and anxiety – and we've only seen the tip of the iceberg on mental health.

We're finding that people are struggling just to pay their day to day rent and if they've fallen into arrears or have other debts, no matter how much you look at their income and expenditure there is no disposable income to pay the arrears.

According to the National Institute of Economic and Social Research:

"We project that 7 million UK households (1 in 4) will be unable to meet in full their planned energy and food bills from their post-tax income in 2023-24, up from around 1 in 5 in 2022-23."[1]

2.2 Particular groups affected more than others

There are particular groups of people within those identified above who tend to be more affected than others. They are especially those who are vulnerable for other reasons or face additional costs, e.g. disabled people, those with chronic health conditions, those who are discriminated against (whether intentionally or systemically). Some examples are given below.

According to the Food Foundation, "People who are limited a lot by disability are approximately 5 times more likely to be food insecure (in the past six months) than people who aren't living with a disability."[2] They also note that "People on Universal Credit are 5 times more likely to have experienced food insecurity the past six months."

According to the Runnymede Trust, while black and minority ethnic people make up 15% of the population, they account for 26% of those in 'deep poverty':

"Black and minority ethnic people are … 2.2 times more likely to be in deep poverty (having an income that falls more than 50% below the relative poverty line), than their white counterparts."[3]

Families with dependent children, and particularly lone parent families, are hit worse by fuel poverty. "26.5 per cent of all lone-parent households were fuel-

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[1] https://www.niesr.ac.uk/publications/recession-avoided-prospects-remain-bleak?type=uk-economic-outlook (accessed 8/2/23)

[2] https://foodfoundation.org.uk/press-release/new-data-shows-food-insecurity-major-challenge-levelling-agenda

[3] https://www.runnymedetrust.org/publications/falling-faster-amidst-a-cost-of-living-crisis-poverty-inequality-and-ethnicity-in-the-uk

poor in 2020 (2)."[4] This is particularly illustrated in the following graph from the Food Foundation[5]:

Food insecurity has increased more in households with children
Percentage of households experiencing food insecurity*:
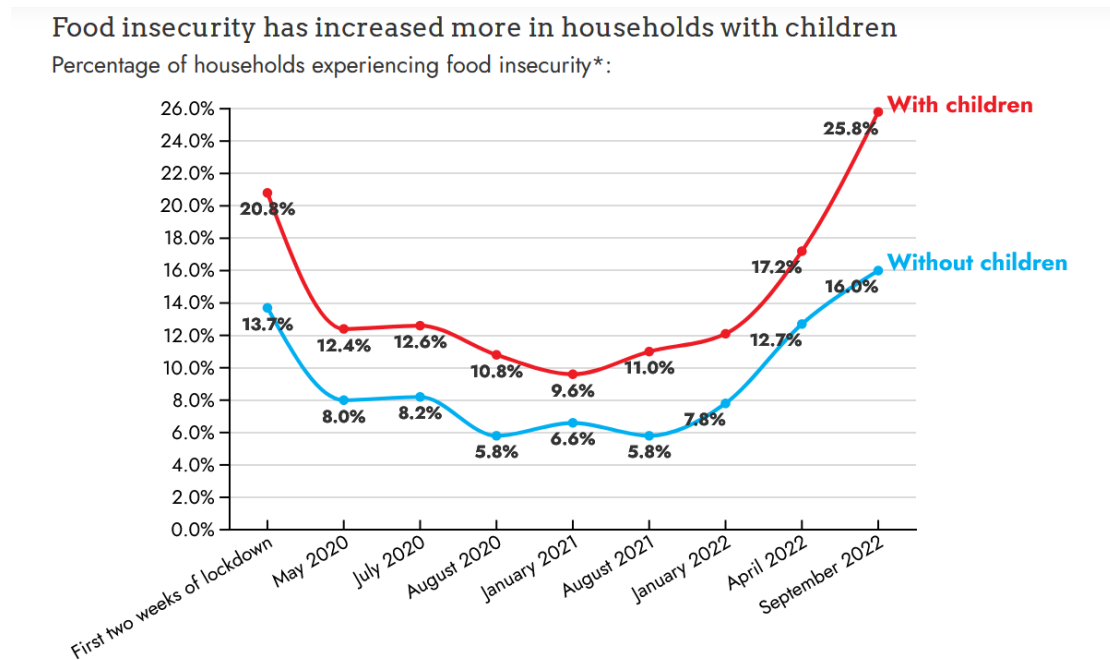
2.3 Helping people

Clearly many services provide invaluable help, offering advice, support, and food. But sometimes it is just listening compassionately that makes a difference.

> *A little bit of compassion can make a huge difference to enable people to start facing up to, and addressing, their problems*
>
> *Often, people are doing the best they can and wouldn't choose the challenges they face. [A] little bit of compassion [can lead to an] outcome where they feel, 'I'm not as to blame for this as I'm made to feel by society'.*
>
> *The feedback we get is that, even if it's just a listening ear, just looking at grants and funds available, people feel better after getting advice.*

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[4] Alice Lee, Ian Sinha, Tammy Boyce, Jessica Allen, Peter Goldblatt (2022) Fuel poverty, cold homes and health inequalities. London: Institute of Health Equity. https://www.instituteofhealthequity.org/resources-reports/fuel-poverty-cold-homes-and-health-inequalities-in-the-uk/read-the-report.pdf
[5] https://foodfoundation.org.uk/initiatives/food-insecurity-tracking#tabs/Round-11- (accessed 4/2/23)

3. How financial problems, mental health and other factors affect each other

3.1 Impact of poverty, low incomes and debt on mental health

Much of the research evidence on the impact of financial problems on mental health is based on people in ongoing poverty. However, there is also evidence on the effect of immediate changes such as loss of job or income. Both are relevant for this work.

A review of the research[6] says there is clear evidence that economic shocks (e.g. loss of job or income) affect mental health. They say that there is robust evidence that:

> "… across a wide range of populations and study designs, positive economic shocks to individuals are shown to improve mental health, whereas negative economic shocks undermine mental health."[7]

A recent report by the Joseph Rowntree Foundation[8] uses a range of indicators, particularly drawn from official surveys, to show correlations between income, savings and various measures of security with anxiety. They conclude that:

> "… virtually every indicator of insecurity we could find went hand in hand with a raised risk of all 12 of our anxiety indicators. The effects were often very large – with many of the risks doubling or more for those in insecure situations in comparison with those in secure ones."[9]

A systematic review found a clear link between debt, and particularly short-term, unsecured debt and mental health[10]. There was less likely to be an association with longer term, secured debt, such as mortgages.

There seems to be evidence, perhaps unsurprisingly, that worry and uncertainty drive mental ill health[11]. Worrying about what the next bill will bring and the stress of managing a complex financial situation are threats to mental health. This was also clearly reflected in what we heard as part of this work.

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[6] Ridley M, Rao G, Schilbach F, Patel V. Poverty, depression, and anxiety: Causal evidence and mechanisms. Science. 2020 Dec 11;370(6522):eaay0214. doi: 10.1126/science.aay0214. PMID: 33303583.
[7] Ridley et al, 2020, p.3.
[8] Clark, Tom; Wenham, Andrew, Anxiety nation?
Economic insecurity and mental distress in 2020s Britain, Joseph Rowntree Foundation, York, 2022 November, https://www.jrf.org.uk/report/anxiety-nation-economic-insecurity-and-mental-distress-2020s-britain
[9] Ibid, p.37
[10] Guan N, Guariglia A, Moore P, Xu F, Al-Janabi H (2022) Financial stress and depression in adults: A systematic review. PLoS ONE 17(2): e0264041. Pp.9-10.
[11] Ridley et al, 2020, p.4.

> *We had several single clients who were living on £190 a month to pay for gas, electric, t.v., water, council tax, food. How is anyone not depressed with this, how can people not be anxious?*

While there is less firm evidence, it is thought that environmental factors like pollution, temperature extremes and sleep deprivation are factors affecting mental health[12]. Some of these are more likely to affect those in persistent poverty than those being pushed into financial dire straits by the current cost of living crisis, although the recent increases in energy costs means some people will be living in cold homes.

Poverty in children and even in the womb can increase mental ill health even in adult life[13]. Around 50% of mental health problems have been developed by the age of 14 and 75% by 17.[14]

There is some evidence on associations between poverty, trauma, violence, crime and domestic violence[15]. People living in more deprived areas are more likely to experience crime, domestic violence and the early deaths of loved ones (given the lower life expectancy in those areas).

There is evidence of impact of social status, shame and isolation on mental wellbeing. Research in Norway found that when tax records became easily accessible online, so everyone could see everyone else's income, the gap in happiness between richer and poorer individuals rose by 29% and the gap in life satisfaction rose by 21%[16]. The health impact of social relationships is comparable to the health impact of smoking[17]. Stigma and marginalisation can also increase social isolation and loneliness.

> *With our older clients, isolation is an issue as well. They have always been able to cope and make do and mend but they feel like they are failing which is affecting their mental health.*

3.2   Impact of mental health on financial problems

There are a number of mechanisms by which mental health problems affect people's financial situation.

Firstly, people with mental ill health may be less able to work or to work so many hours, so reducing their income.

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[12] Ridley et al, 2020, pp.4-5.

[13] *Persson, Petra, and Maya Rossin-Slater. 2018. "Family Ruptures, Stress, and the Mental Health of the Next Generation." American Economic Review, 108 (4-5): 1214-52.*

[14] Annual Report of the Chief Medical Officer 2012. Our Children Deserve Better: Prevention Pays. Davies, Sally C.and others. Department of Health. 2013 October.

[15] Ridley et al, 2020, p.5.

[16] *Perez-Truglia, Ricardo. 2020. "The Effects of Income Transparency on Well-Being: Evidence from a Natural Experiment." American Economic Review, 110 (4): 1019-54.*

[17] Holt-Lunstad J, Smith TB, Layton JB (2010) Social Relationships and Mortality Risk: A Meta-analytic Review. PLoS Med 7(7): e1000316. https://doi.org/10.1371/journal.pmed.1000316, p. 14.

Both poverty and mental health can capture attention and tax 'mental bandwidth'[18]. There can be a lot of planning, thinking and problem solving needed to stay afloat financially. Depression often involves rumination, taking attention away from the necessary tasks of financial management. It also distorts decision making, potentially leading to worse financial choices.

Although progress has been made in recent years, there remains a good deal of stigma in having mental health problems and conscious or unconscious bias in recruitment and retention. Isolation from social networks can reduce opportunities for finding work.

The effect of mental ill health on education can reduce the ability to find better work in the future.

3.3   Financial problems and physical health

According to a review of the evidence quoted earlier, "Lower income is robustly associated with worse physical health."

> "Worse physical health may affect mental health through various channels. Chronic pain, worries about health and mortality, the financial costs of illness, and reduced physical activity may all worsen mental health. It is therefore unsurprising that physical ill-health often co-occurs with depressive and anxiety disorders."[19]

Some examples of the impact of financial problems on physical health are given below.

Research in South Africa found that significant financial stress was associated with a 13 fold increase in the chance of having a heart attack.[20]

Food insecurity is associated with lower intake of fruit and vegetables. There is some evidence for a link between food insecurity and weight gain, particularly for women. There's an association between food insecurity and diabetes prevalence and management. Some people are affected more than others (depending on their biology). There are also greater effects at particular periods of life (e.g. young childhood, puberty, pregnancy).[21]

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[18] Ridley et al, 2020, p.6
[19] Ridley et al, 2020, p.5.
[20] Significant financial stress associated with 13-fold higher odds of having a heart attack. Cardiovasc J Afr. 2018 Jul-Aug;29(4):217. PMCID: PMC6291807. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3649100/
[21] Laraia BA. Food insecurity and chronic disease. Adv Nutr. 2013 Mar 1;4(2):203-12. doi: 10.3945/an.112.003277. PMID: 23493536; PMCID: PMC3649100.

A report by Michael Marmot's Institute of Health Equity identified links between fuel poverty, cold homes and health inequalities[22]. Some quotations from the report make the point clearly.

> "In 2019 it was estimated the NHS spends at least £2.5 billion per year on treating illnesses that are directly linked to cold, damp and dangerous homes."

> "England saw an estimated 63,000 excess winter deaths in 2020–21. Estimates suggest that some 10 per cent of excess winter deaths are directly attributable to fuel poverty and 21.5 per cent are attributable to cold homes."

> "… studies have found that visits to GPs for respiratory tract infections increased by up to 19 per cent for every 1°C drop in mean outdoor temperature below 5°C (58). A case-control study also found that people with asthma were two to three times more likely to live in cold and damp household conditions than those without asthma (55). A cross-sectional study found people with COPD experienced better health when they lived in an indoor temperature of 21° …"

4. Interrelationships between factors

Something that was clear from the people we have spoken to, and which is confirmed by the research evidence, is there isn't a simple, single line of causation, with one thing starting a chain of events. Rather one thing affects another, but that then affects the first thing.

> *There are two strands. You have mental health problems and the debt makes it worse. Or you can't budget, which affects your mental health.*

Actually, it is even more complicated than that, because, as noted above, other factors are often involved as well. Financial and mental health problems do not exist in a vacuum. There are often many other factors involved, such as physical health problems, substance abuse, bereavement, relationship breakdown or unemployment.

As we have seen, there is often a trigger event which means that people who were managing before, no longer can. This can be a one-off event but whose repercussions continue for some time. Or it could be an ongoing issue. These other factors may be of at least three sorts:

- internal to the person (e.g. things which in principal they have some control over like gambling, drugs, alcohol),

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[22] Alice Lee, Ian Sinha, Tammy Boyce, Jessica Allen, Peter Goldblatt (2022) Fuel poverty, cold homes and health inequalities. London: Institute of Health Equity. https://www.instituteofhealthequity.org/resources-reports/fuel-poverty-cold-homes-and-health-inequalities-in-the-uk/read-the-report.pdf

- things specific to the person over which they do not necessarily have control (e.g. bereavement, redundancy, physical ill health) and
- external factors affecting all or most people (e.g. rising prices etc.).

These differences are important because they influence how you address the problems (e.g. whether it is possible to remove the negative factors or if they have to be mitigated, and how targeted any interventions will need to be).

Often these factors interreact, with each making the others worse. So, for instance, it isn't just that money problems create stress leading to depression which means you don't look after yourself and you become ill. Rather, while that chain of causation may occur, it is also happening in the reverse direction. Being physically ill makes you more likely to lose emotional wellbeing. Having less time (because you're resting in bed) makes it harder to earn money and manage the finances. Excessive use of alcohol and mental ill health or unemployment and financial difficulties may each be a trigger but also a consequence of the other.

The risk, then, is that this whirlpool of issues gradually sucks people under, financially and emotionally. In such cases, any success in tackling just one of the issues, such as mental health, on its own will be reversed if the other problems – like finance or substance abuse – are not also addressed at the same time.

These interrelationships are illustrated in the following diagram.

Triggering a downward spiral in finance and mental health
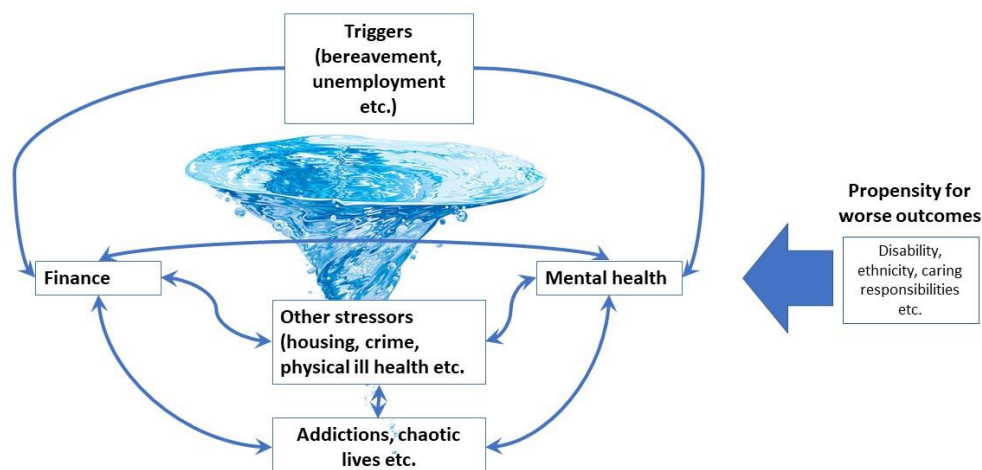
The other factor involved is how people respond to the circumstances they face. This is not always as objectively rational as you might expect.

An understandable response is having difficulty managing the situation. As noted above, managing difficult financial and other situations can be complex and the capacity to sustain focus and attention is drained. That means that

the optimal approach may be missed, or stress and anxiety may mean sub-optimal decisions are hurriedly made (such as obtaining a loan on disadvantageous terms).

Less obvious but recognised phenomena are wilfully ignoring problems or even doing things that will make the problems worse. This was mentioned several times in our discussions with stakeholders.

> *Very often they make an arrangement which they can't keep and they don't keep in touch. They hide from it because they are terrified. The paperwork comes through the door, but they're frightened to open the letters.*

> *Sometimes people make 'terrible' decisions – but it is easier to understand that if you take into account the context of their lives. This may be the only thing to give them pleasure, meaning or self-esteem, or it may seem like the only way to escape their situation and circumstances.*

> *A lot of my clients make – what in their circumstances are – terrible choices. So, they'll spend money getting their hair or their nails done which they haven't got the money for. But they need to feel better about themselves. And society makes them feel dreadful about themselves, because they're not being sustained – they've got deficit budgets where their benefits don't cover what they need and society is saying you're not worth anything and they need to find that from somewhere else.*

The idea of spending on luxury goods, albeit cheaper than what you might otherwise buy, is a recognised phenomenon, known as 'the lipstick effect'.[23] More people buying cheaper, but still 'luxury' items, during downturns and recessions has been noted by a number of observers over a number of decades.

It is clear then that the trajectory of people's situations can be complex and can easily career out of control. This makes the business of finding approaches to tackle the problems even more difficult.

5.   Intermediate actions

The stakeholder workshop held in September and other meetings produced various suggestions for things that could be done immediately to tackle the identified problems. We were able to initiate or facilitate action on some of these and others were things that other bodies were already doing. We have been keen to work with others and not duplicate activities unnecessarily.

Some of the identified actions were:

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[23] e.g. https://www.sciencedirect.com/science/article/abs/pii/S2214804319304884

- *Increase skills and knowledge of support services, e.g. training on managing money or on mental health*

Some contacts were made at our 14th September event, and a training session was included in the subsequent 23rd November event. Public Health are funding some mental health first aid courses for volunteers and people working in the voluntary or not-for-profit sector. However more needs to be done and this is addressed in this report's final proposals.

- *Help improve co-ordination between support organisations such as a quarterly forum.*

This was requested by attendees at our stakeholder event. We learned from subsequent discussions with the Volunteer Centre that they were already planning such meetings.

- *Online platform for sharing information between organisations*

Cllr Steve Masters independently set up a WhatsApp group following an event for voluntary bodies.

We have held further discussion on the possibility of having another sort of platform which allows for static information (like on a website, as opposed just to discussion). The feeling so far is that this would risk adding to the confusion rather than clarifying it, particularly as the Council now has its cost of living hub. Again, this is addressed further in the final proposals.

- *Working with organisations to streamline procedures and make access easier*

An issue that was identified, was convoluted and inefficient procedures by public and private sector organisations (like taking over an hour to get through to someone on the phone) adding to the stress and anxiety of clients. It was suggested that one or more events could be held, focussing on a particular issue (like benefits or housing), bringing together support organisations and public services and utilities, to home in on particular problems and try and find improvements. As noted in the final proposals, Citizens Advice already have meetings similar to this and the Volunteer Centre have expressed interest in some sort of event, so this seems to be an initiative worth pursuing.

- *Information to the public*

In the light of the cost-of-living crisis, the Council and others have already been providing information and any co-ordinated information campaign might be best directed by the Health and Wellbeing Board partner bodies.

One specific proposal was to draft a one-page leaflet encouraging people to obtain help and giving a few key sources for a first port of call. An initial draft was produced and the Council expressed an interest in using it.

6. Developing a system-wide approach to address the problems

The analysis outlined above (suggesting that there is often an interrelationship of factors) has at least two implications when considering the way forward.

Firstly, there are a number of different circumstances (such as people who were able to manage but have now been plunged into debt as opposed to those with an addiction which could be a constant drain on their finances) which may each require different sorts of solution.

Secondly, it often won't be enough to only tackle financial problems without addressing a range of other factors which may continue to have a negative effect.

The outline model (the whirlpool) above suggests that initiatives or interventions will need to have an impact on one or more of:

- Finances – increasing income, reducing expenditure, improved financial management.
- Mental health – treatment, peer support, developing resilience and coping strategies
- Addressing other 'stressors' (usually already the purview of other services) such as substance abuse, housing, employment, bereavement.
- Combined approaches tackling more than one issue at once – e.g. mental health services signposting financial advice and support; dual diagnosis support; help for troubled families; homelessness support, family counselling, etc.

Any given intervention, initiative or service may not fit into those categories, but it will need to consider the impact it will have on those areas.

7. Consultation on early draft of proposals

On online survey was sent out to all those who had been involved in the process so far on 24th December with responses required by 8th January. Any further comments by email were also invited. There were ten responses. The proposals have been further developed since this consultation, but it gives some indication of where most people saw the priorities to be.

The proposals were:

1   Work with schools. Build knowledge and capability
2   Information, advice and training
3   Tackle digital exclusion
4   Local, integrated, health and wellbeing hubs
5   Financial management training
6   Developing voluntary sector and peer support
7   Employers' charter

8   Improve service providers' processes
9   New services and initiatives

In summary the results were:

Please rank each proposal in order of importance, with 1 as the 'most important' to 9 as the 'least important'.
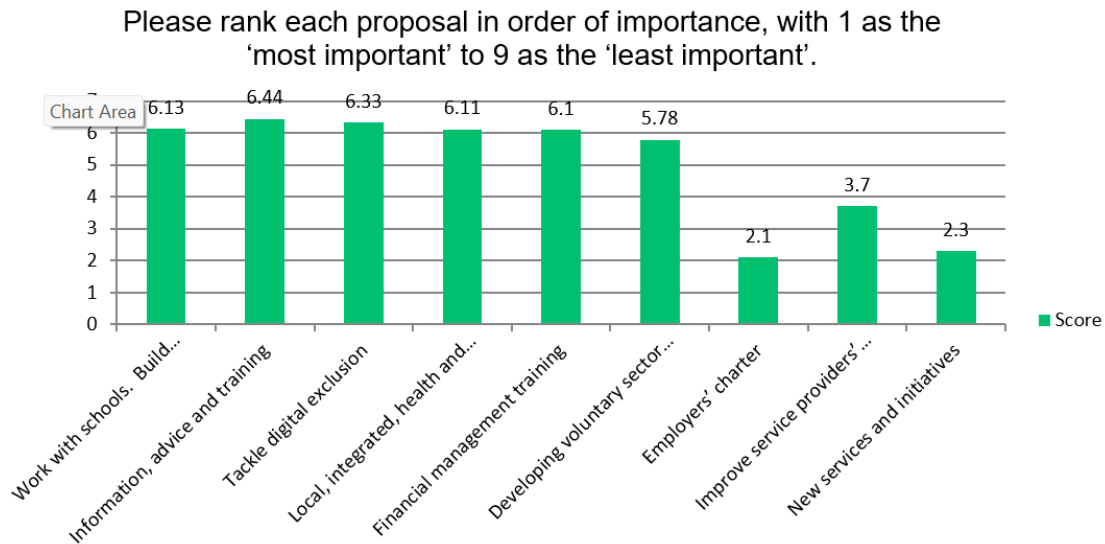
8. Proposals

This is clearly a complex topic and the scale of the work means it has been possible only to scratch the surface of it. However, there is more chance of having deeper and more sustained impact if it can address the underlying causes, and not just the symptoms, of the problems. It is also important to note that many of the proposals here interlink with actions that would support the wider Joint Health and Wellbeing Strategy and delivery plan.

It is also important to recognise how much good work is already going on. At almost every meeting held for this work, even those working in this area would learn about things going on locally that they had been unaware of. There was also a strong wish to learn more, to work with each other and to improve the way needs could collectively be met. The proposals here are therefore are not about finding things wrong and trying to fix them, but to build on the good work already being done.

The nine broad proposals are indicated in the following sub-headings. More specific proposals under each are in bold, and numbered using the format P[broad area number].[specific number], e.g. P2.3.

Given that many of the proposals require further investigation and the development of specific plans to implement them, **(P0) it is proposed that the Board review progress against the proposals in a year's time. It may also wish to receive reports from those to whom it has delegated action in a shorter timescale.**

Response to a consultation with the HWB Steering Group on a near final draft of the report very helpfully suggested it may be easier for the Board for the proposals to be presented in the form of an action plan, with clear action owners, outputs and timescales. This has been done and appears at the end of the list of proposals. However, the proposals in the format originally formulated are retained so it is easier to see how they follow from the discussion. The Board may find it more helpful to use the action plan when decide which if any proposals to agree to.

The ways in which the following proposals address the underlying issues is illustrated in the diagram below:

How proposals address underlying problems
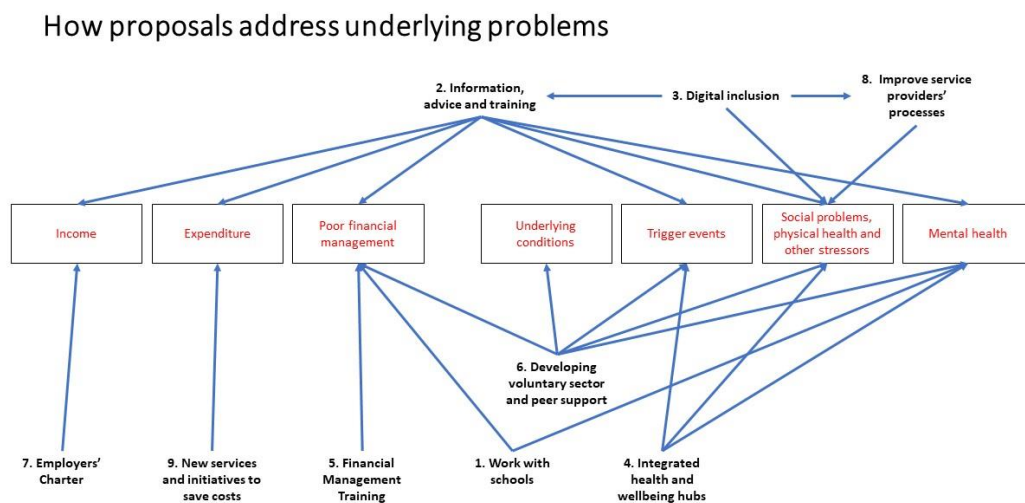
8.1.1 Proposal 1 - Work with schools

The idea of preparing children in school for the issues they will face later in life, came up repeatedly in our discussions with stakeholders. In particular, this was to build awareness and skills in financial management. Ideally this would be incorporated within the curriculum rather than having to provide extra sessions.

Opportunities should also be taken to build up children's emotional resilience and coping strategies. However, it was recognised that there is already a lot going on in relation to this, so this is likely to be more about supporting and promoting existing initiatives than starting anything new. In addition to national initiatives, the Health and Wellbeing Strategy delivery plan already includes:

> 4.4: Support a Whole School Approach to Mental health, embedding wellbeing as a priority across the school environment

Improving financial education in schools is already an objective of the Money and Pensions Service (MaPS), an arm's-length government body[24]. The UK Strategy for Financial Wellbeing (of which the MaPS leads delivery) has a goal that by 2030, two million more children and young people in the UK should receive a meaningful financial education.

Early financial education is supported by international organisations such as the OECD, which suggests starting in schools as early as possible[25].

Habits developed by the age of seven, including those relevant to financial management, can stay with the child for life[26]. In the very early years this will be about the underlying skills and behaviour, rather than teaching financial knowledge directly:

> "Opportunities for parents and teachers to support a child's capacities to defer gratification, to understand the 'future' in concrete terms, to talk about their understanding and new knowledge, all aid the development of a child's executive functions, underpinning their self regulation, including the implementation of any 'habits of mind'"[27]

This is, of course, a key part of the broader development of the child, so this shouldn't be seen as yet another add-on to be delivered, but rather a core part of their education.

However, for older children practical financial management is relevant to many aspects of the curriculum, particularly maths, but also citizenship and PHSE.

According to the Money and Pensions Service
"… children who recall learning about managing money:
- Feel more confident about managing their money.
- Are more likely to be active savers (for example they are more likely to say they save some of their money when they are given it).
- Are more likely to have a bank account that they use."[28]

There are a number of barriers to the delivery of financial education.

- Lack of time and resources and competing demands on the curriculum

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[24] https://www.moneyandpensionsservice.org.uk/financial-education-in-schools/
[25] https://www.oecd.org/finance/financial-education-and-youth.htm
[26] Whitebread, David; Bingham, Sue, Habit Formation and Learning in Young Children, The Money Advice Service, , 2013 May, https://maps.org.uk/wp-content/uploads/2021/03/the-money-advice-service-habit-formation-and-learning-in-young-children-may-2013.pdf
[27] Ibid, p.24
[28] UK Children and Young People's Survey Financial Education in Schools, Money and Pensions Service, December 2019, p.6. https://www.moneyandpensionsservice.org.uk/wp-content/uploads/2020/01/Money-and-Pensions-Service-Children-and-Young-People-Financial-Capability-Wellbeing-Financial-Education-in-Schools-Financial-Foundations.pdf

- An increasingly cashless society, (with most children accessing a smart phone by age 10 and a debit card by age 11), which makes it hard to grasp the physical concept of money and its value[29].
- Lack of skills, knowledge and confidence among teachers to provide financial education
- "… lack of understanding of the role of primary financial education as a cross-curricular subject that develops crucial life skills rather than just an application of arithmetic."[30]

A wide range of resources are available (much signposted by the Money and Pensions Service) to address the challenges and ease the process of increasing the delivery of financial education.

It will be for the education sector itself (recognising that this will include a diversity of interests) to develop and implement precise proposals. A possible way forward could include:

- Addressing the issue at relevant local forums (e.g. of secondary heads, Business Education Partnership etc.)
- Surveying schools to assess the extent of financial education currently provided, the extent to which schools would like this to be increased, and the barriers to doing so.
- Utilising national research and resources on how best to increase the teaching of financial management
- Setting up, or utilising existing, peer support arrangements between schools to share the load of incorporating financial management into the curriculum (such as sharing lesson plans or practical examples to support the development of particular concepts or skills).

P1.1: It is proposed that the Schools Health and Wellbeing Officer be asked to oversee the implementation of this proposal, delegating to others as appropriate. They should be asked to report back on progress to the Health and Wellbeing Board by February 2024.

8.2   Proposal 2 – Information and advice

Information, advice and training is integral to many of the other proposals. It is:
- a way of helping people find the appropriate help;
- a direct source of help (often through existing websites); and
- a way of increasing general awareness so people appreciate better that there is a problem (either their own or someone else's) and that it is possible to do something about it.

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[29] Inquiry on Primary-School aged Financial Education, APPG on Financial Education for Young People, p.4, https://www.young-enterprise.org.uk/wp-content/uploads/2021/07/Inquiry-on-primary-school-aged-financial-education-Report.pdf
[30] Ibid, p.5

In particular ideas on information and advice put forward as part of this work included:

- A single, online point of information and support. This needn't be setting up something new, (indeed the people we spoke emphasised the confusion that could be caused by having too many sources of information) but using and possibly expanding existing sources such as the West Berkshire Directory and the cost of living hub. This is considered further below under 'Signposting online information'.

- Providing a range of hard copy information, such as leaflets and z-cards. These are more expensive and harder to keep up to date than online resources, but important for people without internet access. Where possible there should be large-font versions and translations into other locally spoken languages. Such information could be dissemination by voluntary organisations, in doctors' surgeries, parish newsletters etc.

- An information campaign[31]. When more support is in place, it may be worth having a short, sharp campaign to make people aware of it. This may be more effective and reach more people than a drip feed of information over a longer period.

- Videos on finance and mental health. These could be available for online viewing or for use in face-to-face training events. These could be traditional, documentary style videos, or other approaches could be used, such as having an event where clients talk to service providers, with those interactions being videoed.

8.2.1 Signposting online information

As noted above, there is a lot of information available online already and care needs to be taken when adding more to avoid duplication and confusion. Two key existing sources are the West Berkshire Directory and the Council's Cost of Living Hub. The latter is due to become part of 'business as usual' when the current crisis has abated somewhat, so could well become a first port of call online.

There are already actions in the Health and Wellbeing Strategy delivery plan relating to the Directory, in particular:

> 2.9.5 promote awareness and access to the Directory and keep it up to date (HWB Engagement Group)
> 2.9.6 review strategic signposting, including the Directory (Communities and Wellbeing)

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[31] See a case study here of such a campaign by the Royal Borough of Windsor and Maidenhead: https://www.local.gov.uk/case-studies/royal-borough-windsor-and-maidenhead-here-help

There is a lot of national information available online already on financial problems, to which people could be signposted. Much of this is organised by particular problems or circumstances (such as help with particular benefits or energy costs). While this makes it easier for people to find the information specifically relevant to them, it doesn't provide an easy overview of everything you need to think about.

One site which does provide such an overview, is part of the Christians Against Poverty website.
https://capuk.org/money-and-debt-advice/improving-your-financial-situation

The Government backed 'Money Helper' website provides a wide range of advice under the headings: Benefits, Family and Care, Money troubles, Savings, Everyday money, Homes, Pensions and Retirement and Work.
https://www.moneyhelper.org.uk/en

Turn 2 Us is a long-established charity providing, amongst other things, financial advice and a benefits calculator and also a helpline to help people in financial hardship to access welfare benefits, charitable grants and other financial help.
https://www.turn2us.org.uk/

Step Change is a national debt charity providing free advice and support.
https://www.stepchange.org/

Links to such sites might be supplemented by information tailored to local circumstances (such as problems associated with rural isolation).

While the West Berkshire Directory and the Cost of living hub are already excellent sources of information a constant effort is needed to keep them up to date.

P2.1: As part of delivery action 2.9.5 and 2.9.6 it is proposed that a brief task and finish group, including relevant voluntary organisations and individuals, be set up to review the content of the West Berkshire Directory and Cost of Living hub, and make sure all relevant sources (including those described above) are linked to.

P2.2: The Public Health and Wellbeing team at West Berkshire Council, and others providing such material, should be asked to review the leaflets, z-cards and other hard copy information they provide to make sure the full range of information on financial management is available.

P2.3: The Health and Wellbeing Board is asked to consider whether any other communications such as videos or an information campaign would be worthwhile and if so to delegate action to the appropriate communications teams.

8.3   Proposal 3 –Digital Inclusion

Tackling digital exclusion was raised a number of times by stakeholders and was felt to be an important component of proposals.

This was felt to be important because it enables access to comprehensive advice and support, but is also important for management of day to day affairs which impact on finances, such as easily being able to see bills and pay them, getting better deals through online purchases and managing benefits.

There are three interrelated elements:
- Make equipment available to more people, through loans, grants or donations for equipment or making kit available in public places (like libraries, village halls, GP surgeries, etc.)
- Training in operating online. This should include security, which can be a concern putting people off using the internet.
- Handholding and assistance. Even when people have the equipment and training, they may still like someone to sit next to them while they access services or information.

Digital enablement is one of the eight principles in the Joint Health and Wellbeing Strategy so is fundamental to its achievement. This then appears in the delivery plan as "1.6.2: Develop Digital Inclusion Champions" (currently allocated to the BOB ICB). This is part of the strategy's commitment to "ensure services and support are accessible to those most in need through … promoting digital inclusion …".

There are a number of pieces of work going on in this area and it is not clear that they are happening in a co-ordinated way, so making the most of possible economies of scale available.

For instance, the Berkshire Digital Infrastructure Group, which includes all six Berkshire unitary authorities, aims to:
> "…provide physical and digital connectivity to give our residents and businesses a cutting edge and to help Berkshire enjoy greater flexibility in how and where they get online.[32]"

There are a number of projects and a strategic approach at both the BOB ICB and Berkshire West levels[33], as well as work across the NHS South East region[34]. This includes websites providing help in the early stages when people have got online. There has been some work by GP surgery Patient Participation Groups helping patients get online.

A number of internet service providers offer 'social tariffs' to people on benefits[35].

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[32] https://www.berkshiredig.org.uk/
[33] Presentation to the Patient Panel West Berkshire, 7/7/22
[34] Personal communication.
[35] See https://www.moneysavingexpert.com/broadband-and-tv/cheap-broadband/

P3.1: It is proposed that a task and finish group be set up to consider how this work could best be co-ordinated and report back to the Health and Wellbeing Board by September 2023. Invitations to attend should include representatives of the ICB (e.g. the Digital Programme Manager / Digital Literacy Lead), the Berkshire Digital Infrastructure Group, NHSE South East Region and the Patient Panel West Berkshire.

8.4 Proposal 4 - Support and Develop the Community Mental Health Transformation Programme

The Community Mental Health Transformation programme, aimed at helping people with serious mental illness, is currently being implemented in Reading and Wokingham and is due to be rolled out in West Berkshire from 2023-24. This is an ambitious national programme with the potential for a far reaching impact, and which could be used for prevention of a wider range of mental health problems including those where personal finances are a factor.

The proposed change, a move to integrated mental health provision at community level, is a key part of the NHS Long Term Plan. The vision for this objective is set out in *The Community Mental Health Framework for Adults and Older Adults*[36] which provides a description for how a wrap-around, whole-person service in Primary Care Networks (PCNs) could work. It envisages integrated mental health support, care and treatment at PCN level, bringing in some of the care currently provided in secondary care, by CMHTs (Community Mental Health Teams) and in residential settings (p.9), with seamless transfer to secondary care where necessary.

> "Implementing this Framework will break down the current barriers between: (1) mental health and physical health, (2) health, social care, voluntary, community and social enterprise (VCSE) organisations and local communities, and (3) primary and secondary care, to deliver integrated, personalised, place-based and well-coordinated care.", p.4.

The aim is to work collaboratively across statutory and non-statutory partners "to address health inequalities and social determinants of mental ill health" (p.6). There should be services for such things as drug and alcohol problems, employment, training, benefits, housing and social care services (p.10). Care planning will provide for a "greater involvement of carers" (p.13). The framework advocates co-production, and people with mental health problems should be active participants. (p.6).

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[36] National Collaborating Central for Mental Health, The Community Mental Health Framework for Adults and Older Adults, NHS England and NHS Improvement, September 2019, https://www.england.nhs.uk/publication/the-community-mental-health-framework-for-adults-and-older-adults/ September

There is £2.9bn funding nationally over three years for the transformation, with up to 50% going to the VCSE (voluntary, community and social enterprise) sector[37].

Figure 1 - Community mental health transformation: opportunities and challenges. Royal College of Psychiatrists. *https://www.rcpsych.ac.uk/news-and-features/blogs/detail/the-rcpsych-blog/2022/01/05/community-mental-health-transformation-opportunities-and-challenges*

This way of working – whole person, cross sector – provides the ideal way of tackling the challenges identified earlier, of a whole series of factors interrelating with each other. It can start to deal with some of the underlying issues rather than just the symptoms, and can prevent problems getting out of hand, rather than only addressing them when they reach crisis point.

However, even though this is a nationally mandated approach, there are major challenges in implementing it effectively[38]. Many of these are the familiar ones associated with any major transformation, such as leadership, collaboration and the ability to measure and monitor progress. A significant one is in working through genuine co-production, which is fundamental to the approach[39]. These are not insurmountable problems, but require commitment from all the relevant parties – public sector bodies, the voluntary and community sector, people with lived experience and the public more generally. The first part of this proposal, therefore, is:

P4.1: The Health and Wellbeing Board should commit to supporting this initiative and making it a success. That should include leading by example

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[37] https://www.rcpsych.ac.uk/news-and-features/blogs/detail/the-rcpsych-blog/2022/01/05/community-mental-health-transformation-opportunities-and-challenges
[38] *Getting started: Lessons from the first year of implementing the Community Mental Health Framework*, Rethink Mental Illness, 2022 September https://www.rethink.org/aboutus/what-we-do/community-mental-health-unit/community-mental-health-framework-research
[39] Ibid.

in supporting the programme, encouraging its partner members to engage productively with it and receiving regular progress reports on the implementation.

P4.2: The second element of this proposal is, in time, to expand the programme to support a wider range of people. In principle this should not be too difficult, because the Community Mental Health Transformation Programme includes support when people are not in crisis and it includes addressing the full range of a person's problems. The outputs and outcomes of the programme should be measured and evaluated from the outset to assess its cost-effectiveness in dealing with a range of issues and to assess whether it is a more effective use of resources than the current approach.

The idea of using the Community Mental Health Framework to address the needs of a wider cohort is already identified in the Health and Wellbeing Strategy delivery plan:

> 4.7.3. Work through the community mental health framework implementation model to test how to target and meet mental health needs of care leavers

One issue which was raised in stakeholder events but was also something raised in a national evaluation was the importance of physical spaces.

> *The clients that we work with would benefit from it being a physical space and people coming together and being in one place. I know we're looking at digital and everything but my experience is that people want to see people and if they're taking that time out … we can physically signpost them while they're there. I know it's a massive resource but the people we're working with would benefit from a physical hub.*

A national report on rolling out the model said,

> "Community hubs were identified as a key enabler of involving local VCSE partners. A community hub is a 'one stop shop' where a service user can have access to a large variety of support under one roof to suit their needs – inhabited by the therapeutic support, local authority services, and wide range of VCSE initiatives. Hartlepool, for example, uses a local library as one of three community hubs around the town. Lambeth (see Appendix 1: Case study – Lambeth Alliance) have implemented a similar model, calling it the SPA (Single Point of Access)."
> (*Getting started: Lessons from the first year of implementing the Community Mental Health Framework*, Rethink Mental Illness, 2022 September, p.19)

The ideal might be for a physical 'wellbeing hub', perhaps in each PCN (Primary Care Network) area, with a wide range of services available. While new, bespoke, buildings would have to be a long-term ambition, using existing

buildings in a more ad hoc way is more realistic and already happens to a large extent (e.g. warm hubs, Loose Ends etc.). This could form the basis of a network of physical sites making it easier for people to know where they would be going for help, and promoting co-ordination between the services operating from them.

P4.3: The third element of this proposal is to build into the estates strategies or other policies (such as land use planning) of the HWB constituent bodies the identification of suitable premises to form physical wellbeing hubs.

8.5   Proposal 5 – Financial Management

We are taking 'financial management' to mean making best use of all available assets (including claiming all benefits to which one is entitled) and adjusting expenditure to match income. This is considered under two headings: financial management training; and claiming all benefits and making use of cost reductions. A third strand, 'online advice' has already been considered under Information and Advice. It is always worth remembering that financial management is important for dealing with money stresses, but it may not be sufficient, for instance if there is just not enough income to meet the minimum necessary expenditure.

8.5.1   Financial management and mental health training

The feedback we received was that financial management training could be very valuable, but that it is hard to engage people with it before they get into a crisis situation.

Financial management training is not a discrete proposal but is integral to many of the others, in particular work in schools and information and advice.

There needs to be a general offer, particularly for those in the early stages of financial difficulty. In addition, it may be worthwhile offering support at particular life stages such as:
- Young people leaving school, college or university
- Home buyers or people taking out a mortgage
- Starting a family
- Redundancy
- Retirement

There should also be training for front-line staff, in the voluntary, public and private sectors on the basics of financial management, so they can help clients where this an element of their problems. A priority for such training is those (voluntary and public sector) bodies providing mental health support, given how closely finances and mental health are intertwined. Social prescribers should also receive training in basic financial management, since this is likely to be a component in the issues that many of their clients experience.

It was also stressed to us by stakeholders that front-line staff also needed a basic understanding of mental health issues and where to signpost to help. Although this does not strictly fall under the heading of Financial Management, it is included here since the same sort of mechanisms for delivery will be relevant for both financial management and mental health.

The training could be provided in a number of ways, from general online advice to personalised support to individuals.

The Multiply scheme was mentioned as a potentially good vehicle for spreading some of the learning around financial management.

It was noted that the Education Business Partnership provide courses, which could be another way of providing financial management training.

There is a link with another action in the delivery plan, in relation to children and families:

> 3.5.1: Map out current provision for financial support for families, including childcare costs
> 3.5.2: Raise awareness of support services available through the Family hubs

Some of this support is particularly related to child care costs, but provision of information on the West Berkshire Directory relates directly to the broader provision of financial management information.

A number of voluntary bodies offer training including Christians Against Poverty, and individual volunteers, (Richard and Ann of 'Money Matters' – who have been very helpful to us as part of this research. They have offered to provide training to the council and to voluntary bodies). However, if the availability of training was to be guaranteed, for instance at the life stages identified above, there might be a need to commission services.

A spectrum of mechanisms for providing such training should be mapped out and a gap analysis performed to identify where more needs to be done. This could involve commissioning some new services.

P5.1: The Volunteer Centre should be asked to co-ordinate training offered on a voluntary basis, whether to public or voluntary sector organisations. This should also include basic mental health training.

P5.2: The Locality Integration Board should be asked to consider whether training of this sort could be commissioned in future as part of the Better Care Fund.

8.5.2 Claiming all benefits and cost reductions

A response made forcefully to us in the online consultation in early January 2023, was the importance of ensuring everyone claims the benefits to which they are entitled. The response noted that there are around £15bn unclaimed benefits each year[40]. It suggested that this is because many people are not aware that they are entitled to this money or how to claim it. It was felt that more needs to be done to make those who have contact with people in need more aware of how to get free help including:

- "A benefits calculator that shows the benefits, and other support they might be entitled to
- Where to get free debt help, rather than commercial providers who can charge thousands for IVA or other ways to "solve" debts
- How to access the Money Helper website and all the information it offers including the budgeting tool"

Advice on eligible benefits should be included in all financial management training and support.

Whilst the Council website provides links to more comprehensive benefits calculators, the ones it directly provides only give estimates for council tax support and housing benefit. The respondents suggested it would be better to use one such as 'Entitled to', which provides a more comprehensive estimate of benefits. An example of how that is done is: https://citizensadvicewokingham.entitledto.co.uk/home/start.

The response suggested that since much support is provided by the Council and third sector organisations, that this information should be shared with those front-line staff, to make use of the trusted relationships they have. They add that this approach has already been used in other parts of the county including:
- Working with Bracknell Recovery College who now run a Money and Wellbeing course at least once a term
- Training staff and volunteers at Home Start Reading so they can use the knowledge with families they support
- Training library, welfare and other staff at Wokingham Borough Council so they can use the tools when supporting vulnerable members of the community including helping residents carry out a benefits check
- Making sure that their revenues collection teams suggest residents do a benefit check and budget when working out repayment plans for arrears of rent, council tax or care charges

According to the Institute of Health Equity, there is:
"…medium-strength evidence that good welfare advice and support to people claiming benefits results in reduced stress and anxiety,

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[40] https://www.entitledto.co.uk/blog/2022/february/our-annual-review-suggests-about-15-billion-of-benefits-remain-unclaimed-each-year/

improved sleep, increased rates of smoking cessation and improved diet and physical activity."[41]

As well as benefits, cost reductions are also often available to those in need. They include reductions on energy bills, mobile phone tariffs, and online access. Given the requirement to deal with Universal Credit online, DWP noted that claimants could talk to their work coach about getting access to a laptop.

Following up these suggestions should be relatively straightforward but could make a substantial difference in ameliorating financial problems in some cases.

P5.3: The relevant Council departments should be asked to review the benefit calculators they use to ensure that comprehensive advice is being given.

P5.4: The Berkshire Healthcare Foundation Trust, through its representative on this Board, be asked to review the extent to which its front-line staff are able to offer basic financial advice and signpost to sources of help and how this could be improved, and to report back to this Board by September 2023.

8.6   Proposal 6 – Develop voluntary sector and peer support

For many of the problems contributing to financial and mental health difficulties, it is unrealistic to expect statutory support, but much can be done through informal and voluntary help. Much of this happens spontaneously – friends and neighbours helping each other, people setting up new support groups – but there is a role in ensuring there are not major gaps (geographically as well as in the types of support) and in providing seed funding, whether financially or in kind. While there is a particular need for support on financial problems and mental health, there is also evidence that a wider range of community activities helps build 'social capital' and 'community resilience'.[42]

This could include facilitating the setting up of new peer support or community groups, such as, perhaps, a network of 'finance buddies' to provide encouragement and informal advice on financial management.

There may also be links between this proposal and item 1.5.3 in the Health and Wellbeing Strategy delivery plan, which talks about voluntary and

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[41] Alice Munro, Jessica Allen and Michael Marmot, The Rising Cost of Living: A Review of Interventions to Reduce Impacts on Health Inequalities in London, London: Institute of Health Equity, 2023. https://www.instituteofhealthequity.org/resources-reports/evidence-review-cost-of-living-and-health-inequalities-in-London

[42] Mental Health and the Cost of Living Crisis, Mental Health Foundation, 2023, pp.36-7, https://www.mentalhealth.org.uk/our-work/policy-and-advocacy/mental-health-and-cost-of-living-crisis-report

community sector support and increasing co-production, under the auspices of Building Communities Together.

There are a number of means by which such expanded support might come about. Needs could be identified through the local, integrated health and wellbeing hubs, described in Proposal 4 above. This would identify where the expansion of voluntary support was needed, to be assessed on a case-by-case basis.

Alternatively, a more strategic approach could be taken, identifying the needs and commissioning the necessary support under the auspices of the Health and Wellbeing Board. While local authority and health finances continue to be under extreme pressure, the sums involved would be fairly modest and would be likely to generate a positive payback over a period of time. The Better Care Fund would be an appropriate mechanism to pool the risks, costs and benefits. It would appear to fit well under the 'Prevention / Early Intervention' scheme type.

As part of the response to the cost of living crisis a £100,000 emergency crisis fund was set up by the Council and Greenham Trust. Experience of other such funds (such as Thriving to Striving) suggests that the available funding is not always fully taken up. There may be a need, therefore, to investigate why voluntary organisations do not put forward bids, or bids that prove to be successful and what can be done to remedy this.

P6.1: It is proposed that under the auspices of the Locality Integration Board, the commissioners of voluntary sector services, from the ICB and Council, together with the Volunteer Centre, be invited to review arrangements for commissioning services which could impact, directly or indirectly, on financial problems and mental health. They should also consider ways of improving the take-up of funding opportunities on offer. Where it is estimated to be cost-effective in the longer term, taking account of the full range of social costs and benefits, to consider inviting bids for services that would prevent such problems developing. This might be done through a joint commissioning arrangement or the Better Care Fund.

8.7   Proposal 7 – Employers' Charter

The impact of employment on health and wellbeing is recognised at various points in the Joint Health and Wellbeing Strategy, so it would make sense for any initiatives relating to employers to be co-ordinated across the various strands of delivery.

An employers' charter could be helpful to the specific issues being addressed here in two ways: ensuring sufficient income to meet basic needs, and supporting people's mental health, rather than the work environment exacerbating problems. However, there are more general benefits for health and wellbeing from setting standards and providing recognition, such as:

- Rates of pay (e.g. whether meeting the 'real living wage').
- Security of employment (e.g. guaranteed hours vs zero hours contracts)
- Terms and conditions (e.g. financial and other support when sick)
- Organisation of work (e.g. extent of control over one's work and other factors that influence stress and mental health).

As well as benefits to the employee, such a scheme could benefit employers through better recruitment and retention, reduced absenteeism and higher productivity.

There are a number of existing schemes. They can be self-assessed or with external validation, though the latter come at a cost. In addition, an on-line listing of employers and their achievement against a charter or standards would help those seeking jobs to identify those scoring highest. This might be supplemented by ratings given by existing or former employees.

There is a NICE Guideline on Mental Wellbeing at Work[43]. Amongst its recommendations is:

> 1.4.2 Consider using workplace accreditations or charters, such as guidance to improve the organisation-wide workplace environment and culture (for example, the Workplace Wellbeing Charter, Mindful Employer and Mind's Workplace Wellbeing Index).

The Workplace Wellbeing Charter originally started as a local authority initiative, later taken up by Public Health England. It contains eight standards, one of which is mental health. It is now supplied by 'Health@work', whose website says it is the only licensed provider of the charter. It appears to be operated as a commercial endeavour, with the costs of accreditation starting at £3,725.

'Mindful Employer' is part of the Devon Partnership NHS Trust. It has a 'Charter for Employers Positive About Mental Health', which is a public declaration of the ambition to support the mental health and wellbeing of employees, rather than accreditation for reaching a particular standard. To remain a charter signatory, employers have to undertake a self-assessment review every two years, reflecting on current practices and policies. An independent and confidential employee advice line is available at an extra cost.

Mind's Workplace Wellbeing Index involves staff and employer surveys, an analysis of the results with recommendations of where to improve, tools and resources to make changes and an index ranking to celebrate the work being done.

The Delivery Plan for the Joint Health and Wellbeing Strategy contains the intention:

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[43] [NG212] Published: 02 March 2022
https://www.nice.org.uk/guidance/ng212

5.5.1: Support small businesses to promote mental health and wellbeing practices in workplaces (e.g. mental health awareness training, the Mental Health at Work Commitment).

The Mental Health at Work Commitment, is a framework rather than an accreditation and there are no fees for its use (unlike the Workplace Wellbeing Charter). The Commitment is made up of six 'standards' and 21 'supporting actions'. It is supported by the CIPD, FSB, CBI, IoD and others.

P7.1: It is proposed that under the auspices of the Skills and Enterprise Partnership (a sub-group of this board), the key business related partners such as the Thames Valley Local Enterprise Partnership, the Thames Valley Chamber of Commerce and the Newbury Business Improvement District, be invited to consider the value of employer charters and commitments to employers as well as employees, and if thought appropriate, to progress the introduction of one or more schemes into the area.

8.8   Proposal 8 - Improve service providers' processes

We heard many examples of people (and voluntary organisations on their behalf) spending hours trying to get through to statutory service providers, utility companies etc. In addition, many processes are hard to manage, with impenetrable web pages and long, complicated forms. This will be even harder when stressed or anxious. Improving such processes should reduce the stress of clients, make it easier to manage their affairs and improve efficiency for service providers.

As the Mental Health Foundation says:

> "Frontline workers in health, social care, money and debt advice services and anti-poverty, and other community organisations, as well as energy companies, water and telecoms services and private financial services companies, have regular contact with individuals who may be experiencing mental distress due to the Cost-of-Living Crisis. It is important to ensure that this interface is a supportive experience for people, and does not stigmatise or distress them. This can be done by building the capacity of frontline workers in a variety of community and service settings to be able to sensitively respond to mental distress and signpost to support."[44]

Getting it right at the start, and considering the full range of a person's problems can save time and resource further down the line. One London Borough found that

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[44] Mental Health and the Cost of Living Crisis, Mental Health Foundation, 2023, pp.36-7, https://www.mentalhealth.org.uk/our-work/policy-and-advocacy/mental-health-and-cost-of-living-crisis-report, p.39.

> "as much as 68 per cent of the demand presented to advice agencies was 'preventable', because it could have been resolved by other agencies at an earlier stage."[45]

Similarly, the Cost of Living Hub has found that each case is taking an average of two hours from listening to the various issues to making referrals[46]. If this is the time it takes in practice to deal with the issues, then having an ostensibly quicker and cheaper service that doesn't address the underlying problems, may turn out to be a false economy, causing more work for a range of agencies further down the line.

A list, provided by the Money and Mental Health Policy Institute, of 15 simple, practical steps that energy companies can take to reduce their customers' stress, can also apply to other service providers[47]. It includes such things as reviewing communications about missed payments and debt, making it easier for customers to get in touch, proactively offering payment plans for those struggling to pay and ensuring staff are trained to recognise where customers are vulnerable and may need extra support. They suggest there are also business benefits such as from reducing the strain on customer services teams, a reduction in customers defaulting on their payments and reduced debt collection costs.

We heard that feedback to public sector organisations and other providers is already given to such organisations by the Volunteer Centre and Citizens Advice, so these could be built on, perhaps with co-production workshops involving the service providers, voluntary organisations and people with direct, personal experience. These could also improve understanding of how processes are supposed to work which in itself could help.

Another strand of work might be to review service providers' websites and make suggestions for change. This would ideally be done by the people who use those websites.

The Volunteer Centre already has an action to "Arrange a meeting between the voluntary sector, and health / local authority partners to discuss pathways and clarify what services were available." (HWB action Ref 212). While this was specifically in relation to CAMHS, the same approach could be extended, over a period of time to cover other services areas such as housing, benefits and utilities.

Where there is discretion to increase benefits or loans, waive or delay payment of bills, the co-produced workshops could explore how these could targeted to reduce the overall level of financial distress.

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[45] Reshaping financial support How councils can help to support low-income households in financial difficulty, LGA, 2019, p.18 https://www.local.gov.uk/publications/reshaping-financial-support-how-local-authorities-can-help-support-low-income

[46] Presentation to Health and Wellbeing Conference, 31st January 2023.

[47] http://www.moneyandmentalhealth.org/wp-content/uploads/2022/04/mha_energy_standards_guide_web.pdf

P8.1: It is proposed that the Volunteer Centre and Citizens Advice be invited to take account of the issues raised in this report when providing feedback to service providers and consider whether it would be worthwhile holding a themed series of co-production events.

8.8.1   Council tax

Council tax was mentioned several times as a particular burden for people. Ways should therefore be considered in which policy can be amended to exercise greater discretion in reducing the impact of council tax on those in financial difficulties. In their implementation of the Council Tax Reduction Scheme, the council have decided that except for certain defined categories of people, everyone should pay a minimum of 30% of their council tax bill[48]. We were informed by the council tax department that they are flexible if possible when dealing with people's problems. It can be difficult, though, for people to know what is available or what they need to do. As with benefits more generally, therefore, there is scope for improving the ways in which people are informed.[49]

P8.2: It is proposed that West Berkshire Council, in consultation with relevant voluntary organisations, such as Citizens Advice, investigate ways of reducing the council tax burden on the most vulnerable families.

8.8.2   Debt collection

As noted above, there is research evidence of a link between debt, particularly short-term unsecured debt, and mental health. The stressors are even greater when bailiffs are attempting to seize assets to cover the debt. The extent to which this is a real and present problem has been highlighted by the recent exposure by the Times of forced access to homes by agents of British Gas to install pre-payment meters[50].

There is an existing Debt Respite Scheme (Breathing Space), introduced in 2020 and providing 60 days protection from creditor action. There is an additional scheme, providing more protection, for people being treated in mental health crisis.[51]

Pilot work in London suggests that such debt collection methods are not necessarily even the most efficient way of reclaiming money owed. In Barking and Dagenham, active support for residents in trouble produced greater

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[48] https://westberks.gov.uk/council-tax-reduction-discounts-exemptions
[49] The LGA provides examples of what some other councils are doing on cost of living, including council tax reduction, here: https://www.local.gov.uk/our-support/safer-and-more-sustainable-communities/cost-living-hub/cost-living-money-and-debt#
[50] https://www.bbc.co.uk/news/business-64491243
[51] https://www.gov.uk/government/publications/debt-respite-scheme-breathing-space-guidance

engagement and additional repayment compared to a control group[52]. In another example, a pilot in Lambeth and Southwark involves a Joint Debt Protocol between the two local authorities and four housing associations and "…brings GP practices, Primary Care Networks, social prescribing teams, and local authority and housing association creditors together with advice and community-based support agencies to provide a holistic response to people's financial and health support needs."[53]

It has not been possible as part of this work to investigate the detailed arrangements operating in this area, but unless such initiatives already exist, **(P8.3): it is proposed that the Health and Wellbeing Board asks the departments involved in debt collection in the council, relevant health bodies and other local organisations who are willing to participate, to review their arrangements through co-designed groups involving voluntary organisations and people with relevant lived experience.**

8.9 Proposal 9 – Other ways to increase income and reduce expenditure

Throughout this project, we have heard of the tremendous work being done locally to directly meet people's needs, by the likes of the food bank, Thatcham Community Larder, Loose Ends, Newbury Soup Kitchen, Two Saints, Newbury Community Resource Centre and many others. In researching ways in which people's costs have been lowered in other parts of the country, it is hard to find things not already being done in this area. It is nevertheless always worth trying to learn from other areas, even if it is just about marginal changes to existing schemes.

Ways in which people's costs have been lowered in other parts of the country, include community growing schemes, social supermarkets and community energy schemes.

In some parts of the country, for instance, social supermarkets are combined with initiatives that provide training and advice on cooking, easy recipes, help with job interview skills or with setting a business[54].

In Fife, the idea of foodbanks has been expanded to create a bank of banks, or 'multibank' providing not just food and clothing but also other essentials such as crockery, cooking equipment, soft furnishings and bedding[55]. Beyond this, though, a 'Houses are Homes' project helps people improve their environment, making use of volunteer tradespeople who can advise on DIY and help people develop the skills to do their own home improvements.

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[52] Alice Munro, Jessica Allen and Michael Marmot, The Rising Cost of Living: A Review of Interventions to Reduce Impacts on Health Inequalities in London, London: Institute of Health Equity, p.60.
[53] Ibid, p.59
[54] E.g. https://www.globalcitizen.org/en/content/uk-social-supermarket-liverpool-food-poverty/
[55] https://gordonandsarahbrown.com/wp-content/uploads/2022/12/HOW-TO-SURVIVE-THE-WINTER.pdf, p.20.

There is also a new self-help gardening project, with new allotments on vacant land to grow food.[56] The aim is not just to provide emergency help, but to enable families to build for the future.

The Council has already used the mechanism of a Community Municipal Investment to raise funds, part of which were used to install solar panels. Could a similar approach be used to provide solar, or other sustainable energy sources for communities, and to improve the energy efficiency of homes, particularly those in poorer or more deprived areas? This would help reduce costs as well as contribute towards meeting net zero targets.

P9.1: It is proposed that the council and local housing providers be asked to jointly investigate options for supporting the provision of low cost, sustainable energy and improved insulation in deprived areas and for vulnerable families.

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[56] Ibid, p.21.

9. Summary of proposals and action plan

Action	Lead	Output / Indicators	Timescale
Proposal 1 – work with schools			
P1.1: Primary and secondary schools to develop students' financial management skills in appropriate ways, building this into the curriculum where possible.	The Schools Health and Wellbeing Officer, delegating to others as appropriate.	Initial output – plans for how to develop financial management skills. Final output – development of financial management skills in primary and secondary schools in the district.	To report progress to the Health and Wellbeing Board in February 2024
Proposal 2 – information and advice			
P2.1: Review the content of the West Berkshire Directory and Cost of Living hub, and make sure all relevant sources are linked to, as part of JHWS delivery action 2.9.5 and 2.9.6.	Communities and Wellbeing (or Engagement Group if established) to set up a task and finish group, including relevant voluntary organisations and individuals	Revised and updated online content	September 2023
P2.2: To review the leaflets, z-cards and other hard copy information provided by the council and any other relevant	The Public Health and Wellbeing team at West Berkshire Council, and others providing such material.	Updated materials	September 2023

Action	Lead	Output / Indicators	Timescale
bodies, to make sure the full range of information on financial management is available.			
P2.3: The Council and ICB communications teams to consider whether any other communications such as videos or an information campaign would be worthwhile and if so initiate the appropriate action.	The HWB Engagement Group, if re-established, but otherwise the communications teams of the Council and ICB.	Videos or other communications and / or a communications campaign	To review decisions and progress by September 2023
Proposal 3 – Digital Inclusion			
P3.1: To determine the best way of co-ordinating action to tackle digital exclusion and then to implement those arrangements.	Communities and Wellbeing to set up a task and finish group, with invitations to attend to include representatives of the ICB (e.g. the Digital Programme Manager / Digital Literacy Lead), the Berkshire Digital Infrastructure Group, NHSE South East Region and the Patient Panel West Berkshire.	Improved co-ordination of actions to reduce social exclusion, reducing duplication, reducing gaps in provision and exploiting opportunities for joint work.	September 2023

Action	Lead	Output / Indicators	Timescale
Proposal 4 - Support and Develop the Community Mental Health Transformation Programme			
P4.1: The Health and Wellbeing Board should commit to supporting this initiative and making it a success. That should include leading by example in supporting the programme, encouraging its partner members to engage productively with it and receiving regular progress reports on the implementation.	Health and Wellbeing Board Berkshire Healthcare Foundation Trust	Progress reports from BHFT to the Board on implementation over the next year	February 2024
P4.2: To commission a review of the Community Mental Health Transformation Programme, to determine whether, in time, it could be expanded to support a wider range of people	Health and Wellbeing Board	Determining who should do this review and to commission them	February 2024
P4.3: To build into the estates strategies or other policies (such as land use planning) of	Each of the organisations represented on the board.	Reports by each of the constituent organisations on whether they support the	September 2023.

Action	Lead	Output / Indicators	Timescale
the HWB constituent bodies the identification of suitable premises to form physical wellbeing hubs, probably distributed by PCN.		proposal for physical wellbeing hubs within each PCN and if so, how this objective could best be pursued in their strategic management of estates or other policies (such as land use planning).	
Proposal 5 – Financial Management			
P5.1: The Volunteer Centre should be asked to co-ordinate training offered on a voluntary basis, whether to public or voluntary sector organisations. This should also include basic mental health training.	Volunteer Centre	Co-ordination of training in financial management and mental health offered on a voluntary basis	To report progress by September 2023
P5.2: To ensure financial management training is available locally, particularly at key life transition stages.	Locality Integration Board	Assessment as to whether financial management training could be commissioned through the Better Care Fund.	September 2023
P5.3: The relevant Council departments should be asked to review the benefit calculators they use to ensure	West Berkshire Council, Benefits	Review of calculators and, depending on the result, the use of more comprehensive ones.	September 2023

Action	Lead	Output / Indicators	Timescale
that comprehensive advice is being given.			
P5.4: The Berkshire Healthcare Foundation Trust, be asked to review the extent to which its front-line staff are able to offer basic financial advice and signpost to sources of help and how this could be improved, and to report back to this Board.	BHFT representative on the HWB	Understanding of the current capacity to offer basic financial advice and signpost sources of help, and any proposals for improving this.	September 2023
Proposal 6 - Develop voluntary sector and peer support			
P6.1: The ICB and Council commissioners of voluntary sector services, together with the Volunteer Centre, be invited to review arrangements for commissioning services which could impact, directly or indirectly, on financial problems and mental health. To consider ways of improving the take-up of funding opportunities on offer. Where	Locality Integration Board (With Volunteer Centre)	Review of commissioning arrangements for relevant voluntary services. Improved take up of funding opportunities on offer. Assessment of cost-effectiveness of investing in services to prevent social and mental health problems developing. Decision on whether the Better Care Fund would be an appropriate	September 2023

Action	Lead	Output / Indicators	Timescale
it is estimated to be cost-effective in the longer term, taking account of the full range of social costs and benefits, to consider inviting bids for services that would prevent such problems developing. This might be done through a joint commissioning arrangement or the Better Care Fund.		mechanism for such joint commissioning.	
Proposal 7 – Employers' Charter			
P7.1: It is proposed that under the auspices of the Skills and Enterprise Partnership (a sub-group of this board), the key business related partners such as the Thames Valley Local Enterprise Partnership, the Thames Valley Chamber of Commerce and the Newbury Business Improvement District, be invited to consider the value of employer charters and commitments to employers as well as	Skills and Enterprise Partnership	Decision on whether to introduce employers' charters or commitments in the area, and if so to produce a plan for how this will be achieved.	To report back progress to the Health and Wellbeing Board by September 2023

Action	Lead	Output / Indicators	Timescale
employees, and if thought appropriate, to progress the introduction of one or more schemes into the area.			
Proposal 8 - Improve service providers' processes			
P8.1: The Volunteer Centre and Citizens Advice be invited to take account of the issues raised in this report when providing feedback to service providers and consider whether it would be worthwhile holding a themed series of co-production events.	Volunteer Centre	Amended feedback to providers to improve processes.	Progress to be reported by September 2023.
P8.2: West Berkshire Council, in consultation with relevant voluntary organisations, such as Citizens Advice, to investigate ways of reducing the council tax burden on the most vulnerable families.	West Berkshire Council	Changed policy and/or procedures to reduce the financial burden on vulnerable people.	To report progress by September 2023.
P8.3: The departments involved in debt collection in the council, relevant health	West Berkshire Council	Changes to the policies and/or procedures on debt collection	To report progress by September 2023.

Action	Lead	Output / Indicators	Timescale
bodies and other local organisations who are willing to participate, be invited to review their arrangements for collecting debt, through co-designed groups involving voluntary organisations and people with relevant lived experience.		to reduce the financial burden on vulnerable people.	
Proposal 9 – Other ways to increase income and reduce expenditure			
P9.1: The council and local housing providers be asked to jointly investigate options for supporting the provision of low cost, sustainable energy and improved insulation in deprived areas and for vulnerable families.	West Berkshire Council, Housing	An evaluation of options.	To report progress by September 2023

10. Conclusion

This report is just the starting point of addressing personal financial problems and mental health. It is only a starting point for a number of reasons.

A one-off report cannot get to the bottom of all the possible issues or how to deal with them. Also, while approaches to deal with problems have been proposed, we cannot be sure what will work and what will not. There is therefore a need for continual evaluation, learning and revising of approaches.

It is also apparent that financial problems do not exist in a vacuum. They are often part of a much wider range of problems. The same sort of approaches that could be used to deal with financial problems may also be effective for other social and health related issues. There is therefore also a need to investigate how a variety of policy changes (such as the Community Health and Wellbeing hubs or the employers' charters) could be used to address a number of other elements of the Joint Health and Wellbeing Strategy delivery plan.

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Healthwatch Report - Asylum Seeker Experiences of Living in West Berkshire

Report being considered by:	Health and Wellbeing Board
On:	23 February 2023
Report Author:	Healthwatch West Berkshire
Report Sponsor:	Healthwatch West Berkshire
Item for:	Decision

1. Purpose of the Report

To present the experiences of asylum seekers living in West Berkshire and set out a series of recommendations for Health and Wellbeing Board partners and external agencies.

2. Recommendation(s)

For the Health and Wellbeing Board to:

(a) note the report;

(b) endorse the report's recommendations; and

(c) ask key partners to act upon the report's recommendations and provide an update on actions that have been implemented to a future meeting of the Health and Wellbeing Board.

3. Executive Summary

This report presents the results of Healthwatch West Berkshire's work to obtain feedback from asylum seekers currently housed in West Berkshire. A series of recommendations are made which are designed to address the issues raised.

4. Supporting Information

4.1 As part of the Covid Testing and Vaccination programme from September 2021 to March 2022, Healthwatch West Berkshire became aware of two local places housing asylum seekers through the Home Office.

4.2 During this period, we received information from partner organisations who helped us with the report, about the day-to-day life of asylum seekers in our area. We heard that asylum seekers were not getting enough to eat, offered the appropriate cultural food or food that was sufficiently hot. We also heard from Migrant Help (a voluntary sector telephone helpline contracted by The Home Office), The Home Office itself and some local health services that there were difficulties in engaging with relevant services.

4.3 The objective of the project was, in conjunction with voluntary sector organisations working with the residents, to gain a better understanding of asylum seekers' experiences of living in West Berkshire.

4.4   A survey was developed with voluntary sector partners to collect information on the wellbeing and welfare of asylum seekers housed in West Berkshire. Following initial trials, surveys were carried out between May and September 2022.

4.5   Issues highlighted by the survey included:

- Asylum seekers had not anticipated how long they would be staying in Home Office Contracted Contingency Initial Accommodation (HOCCIA), did not know how long they might be there, yet could be moved at short notice.

- A general feeling of being 'in limbo', which led to doubts around feeling safe and secure with the anxiety that generates.

- Lack of meaningful mental and physical activity leading to boredom, isolation and anxiety.

- Lack of information available to asylum seekers on arrival about how health services operate in the UK and what they have access to.

5.   Options Considered

5.1   The recommendations listed in this report are considered to be the most appropriate ways of responding to the concerns raised by asylum seekers in West Berkshire and the organisations who work with them.

5.2   It is recognised that many of the issues highlighted arise as a result of imposed national policy. We have, therefore, tried to offer solutions and recommendations that can be actioned in West Berkshire.

5.3   Healthwatch West Berkshire, in conjunction with Healthwatch Wokingham Borough and Healthwatch Reading are talking to Ready Homes, who provide the HOCCIA, and the Home Office.

6.   Proposal(s)

The report makes a series of recommendations, which are summarised below:

- **Provide more useful information** about how UK health and other services work.

- **Manage migration systematically** by considering the development of a Multi-Disciplinary Group bringing together all key stakeholders.

- **Improve food and nutrition** through discussions with Ready Homes and the Home Office.

- **Provide community outreach similar to the Homeless Outreach Team**, with a multi-skilled team who can offer support for physical and mental health issues.

- **Monitor women's health and safety**, including access to services, and take appropriate action.

- **Provision of activities (including volunteering), transport and education** are improved to address issues around boredom, isolation and access to medical appointments.

- **Assistance for families** to ensure their children can continue in the same school for at least six months.

- **Regular residents' independent wellbeing survey** to understand what actions have been taken to address the issues and the wellbeing of residents.

- **The effects of national issues and policies** are noted and any negative reactions are reported, with risk regularly assessed.

7. Conclusion(s)

7.1 It is hoped that this report will build on the remarkable work in West Berkshire by local services, voluntary sector, and the community, but also offer some help to residents to improve their present lives, impact on services and of course their health and wellbeing.

7.2 If actions are taken to reduce feelings of uncertainty and improve service access for asylum seekers, including gender-appropriate support, the more likely they are able to maintain their resilience to cope with what lies ahead.

7.3 We will follow up with key stakeholders in three months' time to hear what improvements and changes have been made.

8. Consultation and Engagement

8.1 The report was prepared with information and support from Refugee Support Group, Community United, Care 4 Calais and West Berks Action for Refugees.

8.2 We surveyed 47 asylum seekers living in West Berkshire.

8.3 Prior to publication, responses were obtained and included from: West Berkshire Council; BOB Integrated Care Board; Berkshire Healthcare Foundation Trust; and Thames Valley Police. The report was shared with Ready Homes (provider of the HOCCIA) but we did not receive a response.

9. Appendices

Asylum seeker experiences of living in West Berkshire, Healthwatch, February 2023

Background Papers:

Links to supporting information are included in the document.

Health and Wellbeing Priorities Supported:

The proposals will help achieve the following Health and Wellbeing Strategy aim(s):

☒   Reduce the differences in health between different groups of people

☒   Support individuals at high risk of bad health outcomes to live healthy lives

☒   Help families and young children in early years

☒   Promote good mental health and wellbeing for all children and young people

☒   Promote good mental health and wellbeing for all adults

The proposals contained in this report will help to achieve the above Health and Wellbeing Strategy priorities by focussing attention on the health and wellbeing needs of asylum seekers resident in West Berkshire.

Asylum Seeker experiences of living in West Berkshire

Contents

In collaboration with:

About Healthwatch

Healthwatch West Berkshire (HWWB) is the statutory local health and social care champion. We are independent and have the power to make sure NHS leaders and other decision makers listen to local feedback and improve standards of care.

We're here to listen to the issues that really matter to people in West Berkshire and to hear about experiences of using local health and social care services. We're entirely independent and impartial. Anything shared with us is confidential, unless we have permission to share.

Project background and context

As part of the Covid Testing and Vaccination programme from September 2021 until March 2022, Healthwatch West Berkshire became aware of two local places housing asylum seekers through the Home Office.

During this period, we received concerns about the living conditions locally for asylum seekers. We heard from Newbury Soup Kitchen and the West Berkshire Muslim Centre and the key refugee partner organisations who helped us with the report.

One of the themes that emerged was that asylum seekers were not getting enough to eat or offered the appropriate cultural food. We also heard from Migrant Help (a voluntary sector telephone helpline contracted by the Home Office) that there were difficulties in engaging with relevant services, including the Home Office itself and some local health services.

This feedback was shared with West Berkshire Council, who felt it was important to understand the needs of these unheard communities and how the statutory and voluntary sectors could work together to drive improvements. West Berkshire Council offered to co-ordinate a process to understand which of the asylums seekers' needs could be met by the voluntary sector and which could not.

The objective of the project, therefore, was, in conjunction with voluntary sector organisations regularly working with the residents, to gain a better understanding of asylum seekers' experience of keeping healthy and well and of using local services within West Berkshire.

> "*I'm not well enough with stomach ache and sleep turbulence last days.... I stopped eating any frozen food at all, just dry food, biscuits and fruits.*"
>
> Resident Asylum seeker, HOCCIA

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The UK asylum process

The UNHCR definition of an asylum seeker is:

"An individual who is seeking international protection. In countries with individualized procedures, an asylum-seeker is someone whose claim has not yet been finally decided on by the country in which the claim is submitted. Not every asylum-seeker will ultimately be recognized as a refugee, but every refugee was initially an asylum-seeker." (UNHCR Glossary December 2022)

Asylum seekers are screened by a Home Office immigration officer who registers the claim. They will also assess whether the person needs emergency support (section 98; Right to Remain 2023). The Home Office says 'claims will usually be decided within 6 months' but 'it may take longer if it's complicated' (International Rescue Committee September 2022). Home Office data published in August 2022 states that as of the end of December 2021 only 7.41% of asylum applications were being processed within 6 months (Home Office August 2022).

At the end of June 2022 there were over 117,000 people awaiting an initial decision (Refugee Council 2022).

"We are just waiting for residential status. I would like to be housed as have been here for over a year."

Resident Asylum seeker, HOCCIA

To begin with, whilst awaiting an initial decision, emergency support is provided by the Home Office in Initial Accommodation, which could be a hotel, flat, house, hostel or bed and breakfast. The asylum seekers have no say in where they can live in the UK, can be sent elsewhere at short notice and are not allowed to work.

Asylum seekers living in Initial Accommodation receive £9.10 per week (Home Office 2023) for expenses which is loaded onto a debit card - ASPEN - and full board (food, bed and toiletries). Asylum seekers are not entitled to any other benefits when they are living within Home Office Contracted Initial Accommodation (HOCIA).

Due to a lack of alternative accommodation in the UK, asylum seekers are often being housed in what are called Home Office Contracted Contingency Initial Accommodation (HOCCIA). Whilst these HOCCIAs had often previously been hotels., they do not operate as traditional hotels with most guest facilities suspended.

Asylum seekers should then be moved to longer term 'dispersal accommodation', usually a flat or shared house, and become entitled to Section 95 support – housing and a weekly

allowance of £40.85 for food, toiletries and clothing ([NRPF 2022](#)).

However, the number of asylum seekers in hotels tripled in 2021, reaching 26,380 by the end of the year, of whom 42% had been there for more than three months (Lives on Hold, [Refugee Council 2022](#)). We met people in the HOCCIA who had been there for twelve months or longer.

"The UK law forget to ask the Home Office that we are not animals to stay 16 months just to eat and sleep?"

Resident Asylum seeker, HOCCIA

Asylum seekers' rights to NHS healthcare

People seeking asylum and their dependents in England are entitled to use the NHS services that are free of charge to UK residents ([Equality and Human Rights Commission 2019](#)):

- primary care, whether as a temporary or fully registered GP surgery patient
- hospital care, such as appointments with specialists (via GP referral), necessary operations and A&E facilities
- maternity care
- dental care, prescriptions and sight tests if they have applied to the NHS Low Income Scheme and received an HC2 certificate)
- testing and treatment for infectious diseases, such as Covid-19 and tuberculosis
- NHS 111, the NHS helpline and website.

In West Berkshire, two local medical practices support locally with GP registration and health checks offered to asylum seekers.

Asylum seekers placed in West Berkshire

There are two locations used by the Home Office as contingency initial accommodation for asylum seekers in West Berkshire – one in a rural setting a considerable distance from any facilities and one on the edge of an urban area in walking distance of most services. At the time of our survey, together they housed over 150 and 160 asylum seekers. We understand that this number remains fairly consistent as small numbers of people move on and new people arrive. Many have been there for nearly twelve months and do not know when they will be moved or indeed

their application for asylum processed. We heard that sometimes people are moved on with seemingly no reason and short notice.

Articles in the press about Home Office Contingency Initial Accommodation can give the public the impression that asylum seekers are benefiting from the facilities usually associated with hotels. However, it is important to note that when contracted by the Home Office, hotels *do not operate* in the usual manner of commercial hotels. In West Berkshire, we found that facilities are limited, with no communal dining space or leisure facilities (such as gyms and pools) and reduced domestic support services. Toiletries must be requested and in West Berkshire we heard reports of items such as toothbrushes not being available and deodorant is not provided.

We are therefore using the term Home Office Contracted Contingency Initial Accommodation (HOCCIA) rather than hotel to describe the nature of the accommodation.

Voluntary sector support for asylum seekers

There are a number of voluntary organisations supporting asylum seekers in West Berkshire, including:

- Care4Calais
- Community United
- Local churches
- Newbury Soup Kitchen
- Refugee Support Group Berkshire
- West Berkshire Action for Refugees
- West Berkshire Muslim Centre

Methodology

HWWB set out to better understand the lives of asylum seekers living in the HOCCIAs in West Berkshire. The project was not intended to provide an in-depth analysis of the situation, rather to gain insight into the pressing issues and common themes.

Together with its voluntary sector partners (Care4Calais, Community United, West Berks Action for Refugees, Refugee Support Group Berkshire), HWWB developed a survey to collect information regarding the wellbeing and welfare of the asylum seekers residing within the local HOCCIAs. With the help of our voluntary sector partners, we attempted to get as true a mix of responses as possible to reflect the demographics of the residents and with an even split of the two HOCCIAs, bearing in mind the numbers staying are very different at the rural and urban HOCCIAs.

Our voluntary sector partners were key to this report's findings, and it could not have been done without their help. They supported us to gain trust, understand the day-to-day workings, help find the best times to visit, actively help shape the survey questions, provide testimony and case studies and helped shape the recommendations. Their input deepened our understanding of language, cultural and other potential barriers, such as fear of recrimination and how best to overcome them.

We trialled the survey with two samples from each HOCCIA in May 2022, before finalising the language, wording, content and structure.

From May to September 2022, we visited both HOCCIAs in teams of two to build trust and undertake the surveys face to face, whilst ensuring safety and safeguarding policies were followed. We gave as much notice as possible to the HOCCIAs, and the staff accommodated us well.

We were able to enter the HOCCIAs, put up posters prior to the visits, use a private space and some of the staff encouraged the residents to participate.

Each participant was made aware of the role of Healthwatch West Berkshire and the reason for conducting the survey. Consent to use answers anonymously was obtained from every participant and they confirmed they had not done the survey before.

The surveys were conducted using a combination of:

- Interpreters
- Support from volunteers from the above organisations
- Google Translate of the online survey
- Emojis, pictures and visual prompts.

Several surveys were completed at a local church and Muslim centre, which enabled participants to talk more openly and without concerns of being overheard by staff and other residents.

We used paper and online versions of the survey, with paper ones later input online for data analysis and reporting purposes.

47 survey responses were gathered, of which 69% were from young male asylum seekers aged 19–34 years.

Project Limitations

The HWWB remit is to capture patient and public voice. We are primarily about qualitative content, but the survey also adds quantitative data.

One limitation of this project was the language barrier. At times, access to translators/interpreters proved difficult and the technology we used with built in translation sometimes struggled to translate back to English from all languages.

In a small number of instances, to ensure those who wanted to participate could participate, other residents translated which could have been open to misrepresentation.

We ensured we visited at suitable times. For example, outside of education classes.

We explored the possibility of meeting more residents outside the HOCCIAs in a neutral space. However, this proved logistically difficult due to lack of transport and suitable venues nearby.

Note: Refugees, migrants or those refused asylum are not included in this project. The exception is that asylum seekers who are refused asylum can be accommodated in HOCCIAs until they are returned by the Home Office. As far as we are aware, we did not speak to anyone in this situation.

Refugee Support Group Berkshire, Care4Calais and the Red Cross have been actively advocating for asylum seekers in Berkshire since June 2020 at the South East Strategic Partnership for Migration which brings together the Home Office, local authorities, education, health accommodation providers and the charity/voluntary sector (now including Healthwatch West Berkshire, West Berkshire Action for Refugees and Community United who have all also worked on this survey and report).

"*More activities for ladies would be good, English classes basic. I am Feeling unsafe when men are arguing, I keep away in my room.*"

Resident Asylum seeker, HOCCIA

Summary and key findings

The residents are predominantly young males between the ages of 19-34, with only a couple of families with young children staying in the rural HOCCIA. The residents have no idea how long their applications will take to be processed.

The uncertainty of this, and knowing they could be moved at any time, was cited by both asylum seekers and our voluntary sector partners as having a detrimental impact on their mental, emotional and physical health.

Added to this is there is a lack of meaningful mental and physical activity available to the residents.

We found that most of the asylum seekers we met wanted to be listened to. Some sought our help with things outside our remit such as asking us to contact the Home Office on their behalf, obtain food and other items for them and support to get medical help or a job.

There is a significant lack of information that is available to asylum seekers, not only about their progress in the asylum process but about life in the UK. We heard from our voluntary sector partners that isolation, boredom, anxiety and pre-existing trauma are of concern, with asylum seekers displaying increased hopelessness and despair. Steps could be taken to address this.

In terms of all health needs, there is a lack of clear information available to asylum seekers on arrival about how services operate in the UK: 45% of those asked didn't know about the minor Injuries clinic at West Berkshire Community Hospital, yet 21% had used the ambulance service. Being given the correct information when they arrive and finding out if it's been understood, would stop misinformed practice and misuse of services unnecessarily, for example, when 999 is and isn't appropriate and the alternative routes to seeking help such as 111 and the local GP surgery.

Clarity is needed for them about what services they have access to. Not just for immediate/urgent health needs, but also screening/prevention and wellbeing related needs. As over 70% do receive 'leave to remain', ensuring understanding of the UK system early will help reduce long term misunderstanding and confusion.

Relative to their previous life experience, the residents have a safe, secure haven in the UK. This is to be welcomed; we should also ensure that the asylum process is followed once they are here and that they are kept appraised to reduce anxiety and mental health issues.

"I don't understand about smear or breast checks. I struggle with English as services do not have interpreters."

Resident Asylum seeker, HOCCIA

We hope this report will build on the remarkable work in West Berkshire by local services, voluntary sector, and the community, but also offer some help to residents to improve their present lives, impact on services and of course their health and wellbeing. A lot of these issues would never come to light or be resolved without support from the voluntary sector and wider local community, no doubt heightening anxiety and potentially tensions within the HOCCIAs.

We have tried to make recommendations that can be actioned in West Berkshire, but we do recognise the wider context of national and regional policy and decision making.

بدون عمل ولم ألتحق بالمدرسة وعندما أذه إلى الطبيب يصعب ب

الطبيب ألنني ل أجيد التحدث باللغة الإنجليزية

"I have been psychologically tired for 8 months without work and I am not enrolled in school and when I go to the doctor my things are difficult to deal with the doctor because I am not fluent in speaking English" **(translation)**

Resident Asylum seeker, HOCCIA

Communal dining room in rural HOCCIA; no access for residents

Recommendations

1. ## Provide more useful Information

Better and more informed communication of how our health systems and other available services work. Local services should ensure this is done to avoid misuse of services and prevent existing issues or medical conditions worsening. Posters are part of the solution, preferably translated, but that assumes a good level of literacy, which is not always the case.

West Berkshire Council should consider seminars of introduction run jointly with statutory partners and voluntary sector organisations.

Example of 'use the right service' poster

Residents' information walls

2. **Manage Migration Systematically**

Consider the development of a Refugee, Migrants & Asylum Seekers (RMAG) Group, a Multi-Disciplinary Team (MDT), similar to the successful West Berkshire Homeless Strategy Group (HSG). This could bring together all key stakeholders (including Thames Valley Police who chaired HSG originally), with the voluntary sector, which reports regularly into the Locality Integration Board and West Berkshire Health & Wellbeing Board. This could include a regular wellbeing survey, monitoring of issues arising and other key performance indicators (KPI's) to be agreed. To avoid duplication and use existing expertise this could also include Afghan/Ukraine refugees, Hong Kong migrants in addition to asylum residents as so many partners work across all these groups.

"We heard from our voluntary sector partners that isolation, boredom, anxiety and pre-existing trauma are of concern, with asylum seekers displaying increased hopelessness and despair."

Sam Jonkers(she/her), Care4Calais

3. **Improve food & nutrition**

Food and drink should be nutritionally appropriate, of good quality, with suitable portion size and '*hot'*.

The survey highlighted huge unhappiness with the food offered, 62% overall said food was very poor, and over 90% were dissatisfied at the Urban HOCCIA with greater number of residents. Food for residents is part of the Home Office contract and supplied daily to HOCCIA residents pre-prepared to be microwaved onsite by the staff - residents have no means of preparing food themselves – and served in plastic takeaway containers. It fails to offer choice, takes no account of the appropriateness for different cultural backgrounds, lacks nutritional quality. Others mentioned the portions were not adequate, hence why some asylum seekers have appeared at Newbury Soup Kitchen asking for food.

Having only tea, coffee, or water available is also not acceptable. The lack of communal dining means most eat in their rooms. 53% spend most of their time in their room.

"Initially there were concerns around sufficient fresh fruit and vegetables and as you mentioned 'culturally appropriate of food choices. There are also patients with specific dietary requirements, for instance diabetic patients who have requested for their meals to be adjusted. GPs have had to do letters for this to be considered. Some of the young men have also complained about portion size."

GP, local Medical Centre

Images of the pre-prepared food at the HOCCIAs

4. Health Services

Consideration should be given in Berkshire West NHS and perhaps across the Berkshire West, Oxfordshire, Buckinghamshire (BOB) NHS footprint for Primary Care of the residents to be subcontracted to a specialist all round mobile medical team, such as the Berkshire Healthcare Foundation NHS Trust's (BHFT) community Homeless Outreach Team (HOLT) team. Teams such as HOLT already deal with vulnerable groups in our community such as rough sleepers, are multi skilled and can offer support for general health issues, including vaccinations and wound care.

This could ensure unfair pressure is not added to already over stretched GP surgeries who have no say in large cohorts of asylum seekers being added to their patient lists. It would also potentially reduce pressure on secondary care and emergency services with regular visits scheduled at all locations. It could also mean that any new residents, who may arrive with a contagious condition, do not transmit it outside of the residence or compromise local GP services if seen at the surgery undiagnosed.

The team would need to be adequately resourced and trained, including knowledge of infectious conditions e.g. diphtheria, and cultural sensitivity.

Covid vaccination at Newbury Mosque

"Transport for hospital appointments is lacking, but also appointment notifications are coming late, leaving only a day or so to try and arrange hospital transport - so some appointments are being missed because the housing company cannot provide taxis - and they don't provide bus or train tickets - I have seen 4 such appointment issues recently."

Karen Reeve, West Berkshire Action for Refugees

5. Mental Health, anxiety and wellbeing

One of the major concerns expressed by the voluntary sector is around mental health. This is likely made worse due to the trauma many have suffered prior to coming to West Berkshire and with the survey finding that 53% spent most of their time in their rooms, with little access to activities, it should be a real concern for all.

Taking the HOLT model as described above, such a team could more easily deal with mental health issues which can often present as a 'mixed bag' of complex issues. This often includes serious trauma prior to arrival in the UK and many mental health issues.

We welcome the Home Office re-launch (after the survey was done) of the BOLOH telephone helpline with Barnardo's for all adult asylum seekers with mental health issues. It should allay some issues, if well-publicised, and potentially gives access to therapists.

https://helpline.barnardos.org.uk/asylum-seekers
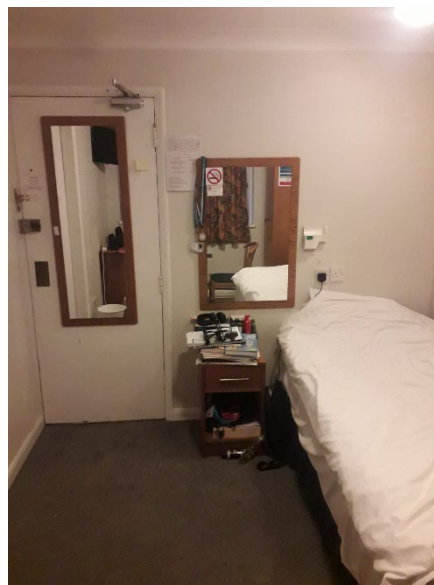
Images of the HOCCIA

"There is a lot of information about services, which is confusing because I do not speak English. I am very dependent on the staff at the hotel, church and charity. I am getting used to the food however I am not happy as it is not from my country. Not much activities for women."

Resident Asylum seeker, HOCCIA

6. Women's health and safety

Special consideration should be given to female asylum seekers, many of whom felt unsafe at the HOCCIAs. Consideration should be given to putting single women and families together. Bullying and intimidation was also an issue that needs monitoring carefully and an escalation channel available for residents or the voluntary sector. RMAG's creation might aid this as it did with HSG's creation.

Clarification is needed as to whether female asylum seekers are able to access prevention services such as screening and contraception.

Access to maternity services and health visiting should be monitored and scrutinized, especially in light of Core 20+5 work and that many will not be aware of how to access midwives when they arrive or fall pregnant. Considering the high percentage of residents likely to remain long term in the UK, women's health should also form a key part of the recommended quarterly survey and monitored at RMAG.

7. Activities / Access to services / Transport / Community cohesion

The local community has stepped up brilliantly to support residents with activities including cricket, football and access to bikes. However, the rural HOCCIA suffers from its isolation, with almost no services or facilities within walking distance and no access to transport - the transport support from the Home Office was removed. With residents having such a wide range of skills, it could make sense to help them to volunteer, thereby utilising these skills for the wellbeing of individual residents and benefiting the local community.

Activity timetable at urban HOCCIA

Whilst West Berkshire Council is not allowed to assist asylum seekers with public funds, it should be able to offer assistance via support for the voluntary sector around community cohesion and resilience, who would then be able to re-imburse travel costs etc.

While facilities are in place for taxis (via the Home Office) to take residents to some medical appointments where required, this has proved problematic.

Some residents have missed appointments due to delays with taxis and others have been left waiting long after their appointment for taxis to arrive. If bus passes were available, it would reduce incidents like this.

8. **Education with transport and time off site**

The rural HOCCIA has had some support from Reading College who are providing free bus passes to get to the College during term time. Not only does this allow residents to improve their skills but gives them access to Reading Town Centre. The urban based HOCCIA has not been given a similar offer. We are led to believe Newbury College offered to come to the site to offer English Classes. As one of the key concerns is the lack of activities and time already spent at the HOCCIA, we would suggest that Newbury College, with support from local statutory partners, looks to offer courses on their campus or within walking distance from the urban HOCCIA. Transport also allows residents to become more familiar with their local area and returns a level of dignity and freedom for them to choose to travel locally.

Rural HOCCIA car park

9. **Children and schooling**

Assistance might helpfully be given to families to ensure their children can continue in the same school for at least 6 months. Whilst the HOCCIA environment is largely unsuitable for the families with children, many have been reluctant to move into other accommodation because the children would have to move schools. Therefore, either accommodation closer to the schools or transport to get to the school would be ideal. This may require transport vouchers if moved out of the HOCCIA into alternative accommodation, which could be supplied via a voluntary sector organisation.

A solitary piece of play equipment for children outside the rural HOCCIA.

"Children are ripped from their schools with no heed to their welfare."

Sam Jonkers (she/her), Care4Calais

10. Regular residents' wellbeing survey

The local statutory partners involving the voluntary sector might helpfully collectively undertake a short Independent quarterly survey of residents of the HOCCIAs to ensure changes requested have been actioned, conditions are not causing negative changes in wellbeing and contractual obligations are being met by those managing the HOCCIAs on behalf of the Home Office.

Multilingual survey posters

11. The effects of national issues and policy

Outside potentially negative influences on the residents should be noted and any negative reactions reported via appropriate channels, with risk regularly assessed to both residents' wellbeing and that of the local community.

The RMAG board could monitor the risk in conjunction with key partners such as Thames Valley Police, with information flowing from the partners such as specialist health teams and the voluntary sector.

There is a duty to protect children and vulnerable adults from abuse. Abuse can be defined as any behaviour which knowingly or unwittingly causes harm, endangers life or violates rights. Abuse may be physical, sexual, psychological, financial or material, or neglect.

Safeguarding believes that adults and children have rights and that these should be respected and safeguarded.

Safeguarding should involve children and adults

"SESPM [South Eastern Strategic Partnership for Migration] is a neutral organisation, its role being to bring key partners together to enable dialogue and constructive engagement in a complex policy area. However, Non-Government Organisations (NGOs) are frustrated when they raise safeguarding, mental health or even basic issues like the quality of the food at SESPM meetings. For example, Refugee Support Group raised problems with the food at the rural hotel in March 2020. The same issues exist today.

From the perspective of the NGOs trying to advocate on behalf of asylum seekers, where actions or agreements from such interagency meetings are subsequently ignored by the Home Office or Clearsprings, NGOs have little effective recourse to further action. Where there is no process for NGOs to formally record their concerns, it could be argued accountability is avoided. This is a weakness that in our opinion, is leading to human rights abuses that remain unchecked."

Nick Harborne, CEO, Refugee Support Group Berkshire

Rural HOCCIA

"Please, you can help us in any way, so that we can be found soon. The hotel is very boring. No one likes to migrate unless they have to."

Resident Asylum seeker, HOCCIA.

12. Community cohesion & utilising residents' skills

A huge positive of the survey was the high degree of satisfaction with interactions with local people, overall, some 80% positive or very positive (64%). If residents' skills and talents were proactively harnessed to help the West Berkshire community, it would undoubtedly improve community cohesion and reduce some of the negative stigma surrounding asylum seekers.

With 28% already doing voluntary work and over 98% wanting to work this should be thought of as a priority.

Joint communications could be produced highlighting any positive volunteering to ease concerns from the local population and offer a more balanced view of the contributions of asylum seekers, many who will end up staying in the UK.

Consideration should be given to the creating and training of volunteer Asylum Peer support workers, who can assist local services and charities to be more effective with resources employed for the asylum seeker cohort.

The recommendations relate to the situation on the ground in West Berkshire. In discussion with voluntary sector stakeholders it is clear there is a wider context which many are acutely aware of, particularly the impact national policy can have on local areas.

The impact of social isolation, anxiety, boredom, previous trauma and uncertainty on physical and mental health should not be underestimated or ignored. The Preventing Exploitation Toolkit states that social isolation can "increase vulnerability to exploitation, particularly if they are made to feel valued and are offered a sense of companionship" by those who set out to exploit and unstable housing can lead to abuse and exploitation (Preventing Exploitation Toolkit, online December 2022).

If actions are taken to reduce feelings of uncertainty and improve service access for asylum seekers, including gender-appropriate support, the more likely they are able to maintain their resilience to cope with what lies ahead.

Responses

The draft report was shared with the following organisations for comment on the report and recommendations. These are their responses. We also wrote to Ready Homes, part of the Clearsprings Group, who are the contracted provider of HOCCIA (Contingency Initial Accommodation) to asylum seekers in West Berkshire. However, we did not receive a response.

West Berkshire Council

Thank you for the opportunity to feedback on the Healthwatch report on the Asylum Seekers experience in West Berkshire dated Dec 2022. The Council has reviewed the document and are making comments from a Council point of view since I also understand it has also been sent to NHS colleagues.

Our response covers both general comments and those focusing on West Berkshire Council, with the exception of points specifically relating to health which we trust they are feeding back on. We have set out our feedback as set out in the order set out in the report.

To summarise, whilst there is clearly value in the survey by highlighting the range of issues faced by asylum seekers and the voluntary sector in seeking to support them, the report's impact and its ability to deliver meaningful change is diluted by the lack of attention and recommendations toward engaging with the Home Office and Clearsprings. As they hold the responsibility for locating asylum hotels and managing the wellbeing and welfare of the asylum seekers.

Further there are numerous assertions made throughout the report including around the quality and quantity of the food provided. It would be helpful to know if Clearsprings were approached to be included in the drafting of the report or given the opportunity to respond across these matters, as many of these points could be clarified and/or qualified. Without this, the report paints an incomplete picture relying on the findings of the survey and commentary of third parties.

Comments provided by West Berkshire Council have been reviewed and considered by Healthwatch West Berkshire in preparation of this final report. As set out above, Ready Homes (Clearsprings) have been approached for a response. Healthwatch West Berkshire, in conjunction with Healthwatch Wokingham Borough and Healthwatch Reading are in contact with the Home Office as the same issues have been identified across the Berkshire West area.

Recommendation 1: Information There is information at the hotels in numerous languages – hence the number of posters on the walls of the reception centres in the hotels. Therefore the first comments are factually incorrect.

We understand the information is standard across the UK by the HO contractors therefore not for local services to change the information.

Part of the issue we would suggest is the information is mainly bland wording and in black

and white therefore not attractive and if there are literary issues then the guests may not understand. The Council has already raised this with the HO.

It is the responsibility of the HO and not the Council to ensure the information is clear and equalities in relation to understanding the information is clear to all.

Having regard to the NHS poster shown in the report this would again be for the HO working with NHS to provide the clear poster in colour.

Recommendation 2: Coordination

There is already an Asylum Group in West Berkshire which has a number of internal services, NHS representatives from UKHSA, BOB ICB and TVP. The services all have statutory responsibilities. Initial consideration of involvement of non-statutory volunteers in the group was considered inappropriate due to the nature of some of the conversations.

There are also Afghan and Ukrainian Groups in West Berkshire Council which operate on the same basis.

All of these groups are there to ensure the safeguarding of the guests within west Berkshire area, that statutory requirements are met and that any specific requirement as set out by the Government departments relating to each scheme are met. It should be noted however the schemes are very different and therefore there may not be sufficient synergies to provide for one migration group. Therefore an option may be to establish a Voluntary Sector Migration Group – to capture all voluntary sector concerns about any migration scheme.

The Council is taking the matter seriously and has recently been appointed a Strategic Migration Officer within the Council whose role is to oversee all migration issues. The officer has only been in post 3 weeks (22/1/23) and therefore any changes in coordination and addressing issues will be considered in the near future.

Recommendation 3: Improve Food & Nutrition

This is a matter for the HO to respond to since it is their contract however it is not clear what the recommendations are in relation to food and nutrition since there is no evidence by way of sampling/analysis to say the food is not of appropriate nutritional quality or appropriate for the guests culturally therefore the HO are unlikely to change the situation based on the information in the survey. The comments made by Sam Jonkers on page 24 relate to this too and appear to be her opinion in relation to the food and longer-term NHS impact.

It is understood the process is the same in all hotels and not just to the West Berkshire hotels.

It is noted in the survey that the urban hotel is less satisfied than the rural hotel with 88% to 42% finding it poor or very poor respectively. It is however understood to be from the same supplier and cooked in the same way therefore is it unclear from the survey results from the guests as to the issue.

There are some points we are aware of a Council as a result of our visits:

1. Contracts for food provision have changed over time at both hotels and therefore

depending on when the photograph was taken it may not now be valid.

2. Surveys are undertaken by the hotels weekly with menus changing in an attempt to accommodate the guests' requests.

3. The meals are cooked by staff and not guests in order to ensure they are heated to the correct temperatures with respect to food safety.

4. If there are nutritional or allergies relating to the guests then this should be raised with the GPs to ensure any changes are appropriate for the guest.

Recommendation 4: Health Services

NHS colleagues will feedback on this recommendation.

With respect to the comment made by Karen Reeve it should be noted that transport to hospitals and other health services is available. Sadly the issue with Taxis is not just in relation to Asylum seekers but it is a wider issue generally with taxis.

Recommendation 5: Mental Health, Anxiety and Wellbeing.

NHS colleagues will feedback on this recommendation.

It was however noted that the concerns were expressed by the voluntary sector and it is unclear from the information in the survey from the guests if this is being demonstrated at GP surgeries.

Recommendation 6: Women's Health & Safety

This para is slightly muddled in that it refers to safety of women and then health related matters. It would perhaps be better to put the health element into a different area – perhaps 4 relating to health services.

It should be noted that PCSOs from TVP visit at least weekly and we understand no issues have been brought to their attention. That is not to say there are not issues but it would appear they are not being reported.

The recommendation in relation to having single woman only and family facilities only should be directed to the HO and not as part of a 'RMAG' since these facilities are the HO decision and not the Council's.

Recommendation 7: Activities/Access to Services/Transport/Community Cohesion

It is suggested the topics in the title are broken down more clearly in the text to this section for clarity.

Activities:

This original request of Healthwatch by West Berkshire Council was to assess what people wanted to do based on previous work, hobbies and interests. Thereafter the aim was to match these with volunteering groups etc. At the moment the details in the report would need more work to allow this to happen.

Legally there is no recourse to public funds and therefore even via voluntary groups support may be limited but the Council was looking to support them as far as they could based on the needs identified.

Transport:

The point made about taxis has been referred to previously and is not only relating to Asylum seekers.

It is noted that those in the rural hotel do get transport to Reading College which perhaps should be reflected.

Access to services:

The point in relation to the rural hotel has been made by the Council to the HO.

Recommendation 8: Education with transport and time off site.

All children who are entitled to education are in school settings and are provided with transport to and from the school so hopefully this can be reflected in the report.

At least 40 adults have been provided with English Lessons at Newbury College – not funded by the Council.

Recommendation 9: Children and Schooling

The comment relating to children being ensured they are in the same school for at least 6 months is not in West Berkshire's gift to control. We do however engage early and ensure children are provided with schooling asap.

Requests have been made by West Berkshire to the HO not to accommodate children in the rural hotel due to its unsuitable location.

The comment made by Sam Jonkers is requested to be removed since this is not the situation experienced in any school in West Berkshire. They may have been moved from the hotel and therefore not able to stay at the school they were at with no notice but the comment sounds like the children were at the school at the time and just taken away which is not true.

Recommendation 10: Regular residents' wellbeing survey

This is noted however due to resources surveys are unlikely to be undertaken on a regular basis. Instead as officers undertake their statutory duties do monitor for issues reporting them to the HO as necessary.

Recommendation 11: the effects of national issues and policy

This is noted and is actioned already with services including TVP visiting the sites at least weekly with a TVP force wide review of concerns when there are issues raised at national or international level. In addition, the purpose of the Asylum group is to ensure the engagement is in place with the different agencies in relation to safeguarding and other matters – which is already in place as a result of normal statutory duties.

Recommendation 12: Community cohesion & utilising residents' skills

See feedback on recommendation 7.

Eric Owens

Interim Executive Director – Place, West Berkshire Council

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)

I would like to thank you, on behalf of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB), for providing us with advance sight of the report into the experience of asylum seekers accommodated by the Home Office in West Berkshire. Feedback on residents' experience is an essential pillar in how we continuously improve services as an ICB and address health inequalities. The report provides a highly useful insight into the circumstances of this vulnerable group and captures their feedback and suggestions around areas where improvements could be made.

In addition to drawing conclusions from the 47 survey responses by the asylum seekers themselves, you have incorporated feedback from partner agencies with experience of supporting this population. This has led to a number of recommendations being suggested.

I have considered all of your recommendations and provided responses below to the recommendations which are pertinent to the duties of the NHS.

Recommendations 1: Provide more useful information

The report recommends better and more informed communication of how our health systems and other available services work.

BOB ICS commissions local GP practices to register the residents and provide health checks. Health education, signposting, and onward referrals where required are included as part of this service, with GP practices having access to translation services where required. In many cases the HOCCIA residents have access to care navigators and social prescribers who work in some GP practices, in line with the offer to local residents registered with these practices. Care navigators and social prescribers can provide further useful advice and guidance on how to use local health and social care services and can signpost people to voluntary organisations and other support services who can help.

To further raise awareness of these services our GP practices are also now planning to hold educational events at the HOCCIAs regarding access to primary care services, vaccinations, and other health services.

Supporting patients to better understand how to appropriately access NHS services is one of our focus areas, as seen in our 2023 Winter Communications Plan. I agree that we need to continue to do all we can to ensure all residents, regardless of their literacy levels or languages spoken, are able to access this information and we will continue to review this with our communications teams.

Recommendation 2: Manage Migration Systematically

The report recommends that a multi-agency strategic group or multi-disciplinary team is established to monitor issues and KPIs and conduct regular wellbeing surveys.

We will consider this recommendation with partners in West Berkshire as part of a review of our current governance arrangements, and we will ensure that the health system is appropriately represented in any additional group(s) established.

Recommendation 4 and 5: Health services; Mental Health, anxiety and wellbeing

The report recommends the introduction of a mobile community-based service to manage the primary care needs of the residents, both physical and psychological. Presently the BOB ICB Primary Care team in Berkshire West works to NHS England guidance and ensures asylum seekers accommodated in HOCCIAs in this area are registered with local GP practices and have access to a health check. This allows early detection and access to interventions for any physical or mental health needs. Health checks also ensure there is personalised care planning in place, including psychosocial support, immunisations and vaccinations.

The local GP practices have reported issues with non-attendance at some of these vital health check and follow up appointments. As mentioned above, to help address this the GP practices are planning to hold educational events at the HOCCIAs regarding access to primary care services, vaccinations, and other health services. Your report also highlights under recommendation 7 that some appointments have been missed due to delays with taxis; we understand that this issue has been raised with the Home Office who manage the contract for this service.

We also welcome the re-launch by the Home Office of the [Barnardo's BOLOH helpline](#) which is referred to in your report. This bespoke service supports the mental health and wellbeing of adult asylum seekers across the UK, offering advice, signposting, emotional support and up to 8 free sessions of therapy by qualified therapists. Sessions are offered in a wide range of languages.

NHS Talking Therapy services are also available via GP or via direct self-referral. This service is for anyone aged over 17 with common mental health problems such as low mood, anxiety and stress.

Finally, our Joint Commissioning Mental Health team's work on inequalities has identified that more needs to be done to support people from diverse communities and understand how stigma may be preventing them from accessing mental health support. Your report has been shared with this team to take into consideration when further developing these plans, and we thank you again for sharing these findings to inform this important programme of work.

Recommendation 6: Women's health and safety

The report refers to ensuring appropriate access to maternity services and health visiting.

Residents are able to access these services via their local GP practice. In addition I would also mention the targeted work being done by the Women Seeking Sanctuary project being led by maternity services. A monthly clinic is held with transport and translation services available. Pregnant women can bring their children and partners and have

access to a Midwife, Obstetrician, health visiting services, antenatal education, sexual health services and voluntary organisations.

The findings in your report suggest that these access routes are not always understood and therefore we will provide additional information to highlight these services and to further promote their availability.

Recommendations 10 and 11: Regular Residents Independent Wellbeing Survey; The effects of national issues and policy

The report recommends further regular surveys to better understand the wellbeing of the residents. I welcome this recommendation. Regular feedback on patient experience is an essential part of how NHS organisations continually improve services so it would be beneficial for this work to be completed.

Thank you once again for sharing this report.

<div align="right">

Sarah Webster

ICB Executive Director for Berkshire West Place

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Berkshire Healthcare Foundation Trust

Thank you for sharing this report. It is very clear and insightful on the key issues. Berkshire Healthcare is supportive of the recommendations but would simply reinforce the fact that any HOLT expansion would need to be properly resourced and also staff skilled up to support what would be potentially very complex needs.

<div align="right">

Julian Emms

Chief Executive

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Thames Valley Police

Thank you for sight of the report.

I've have reviewed the report and the specific recommendation for the police to chair any meetings being established following this report. I have reviewed the report in view of the police engagement and crime and incidents reported to the police. I can state that no significant issues are surfacing that relate to the asylum seekers or premises hosting asylum seekers from a policing perspective. The report is entirely around health and wellbeing in line with its terms of reference.

It would not be appropriate therefore for the police to chair the meeting due to having no significant involvement.

I would suggest that one of the support services agencies directly linked to the asylum seekers may be better placed to chair the meeting. I would be happy to engage as a partner agency in any meetings from a crime perspective.

<div align="right">

Zahid Aziz

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Superintendent, Area Commander – West Berkshire Local Police Area

Acknowledgments

Appendix 1: Survey Results

47 Asylum seekers participated in the survey. Not all answered all the questions. The data is based on those who replied to each question.

Percentage of surveys collected at each HOCCIA:

- Rural HOCCIA – 36%
- Urban HOCCIA – 64%

Demographics

Gender of participants (45 responses):

Female   31%

Male   69%

Age of participants (46 responses):

17-18 years   4%

19-34 years   61%

35-54 years   35%

Country of origin (40 responses)
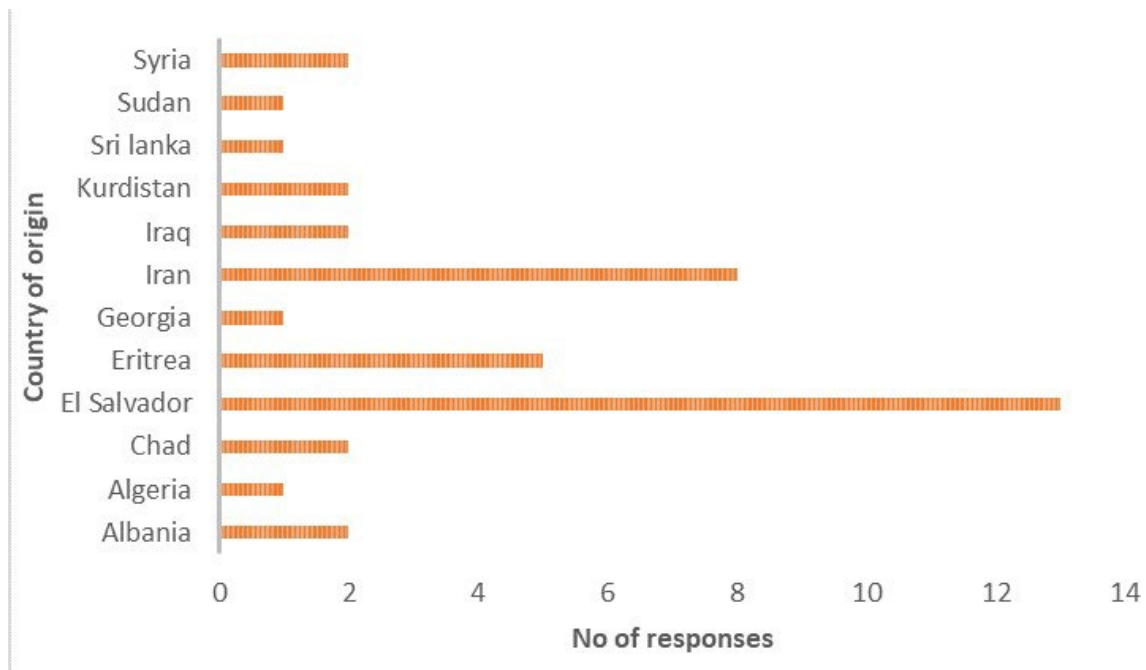
Time lived in West Berkshire (45 responses):

Less than one month   1

1-6 months   11

7-12 months	27
More than 12 months	6

Of the 45 who answered this question, 80% had been residing in the HOCCIAs for between 1 and 12 months and 20% had been there for over 12 months.

6 responded to say when they left their homeland and not how long they had been residing at the HOCCIAs.

"No response from Home Office, section 95 related Migrant Help unable to get updates"

Resident Asylum seeker, HOCCIA

Main language (45 responses):
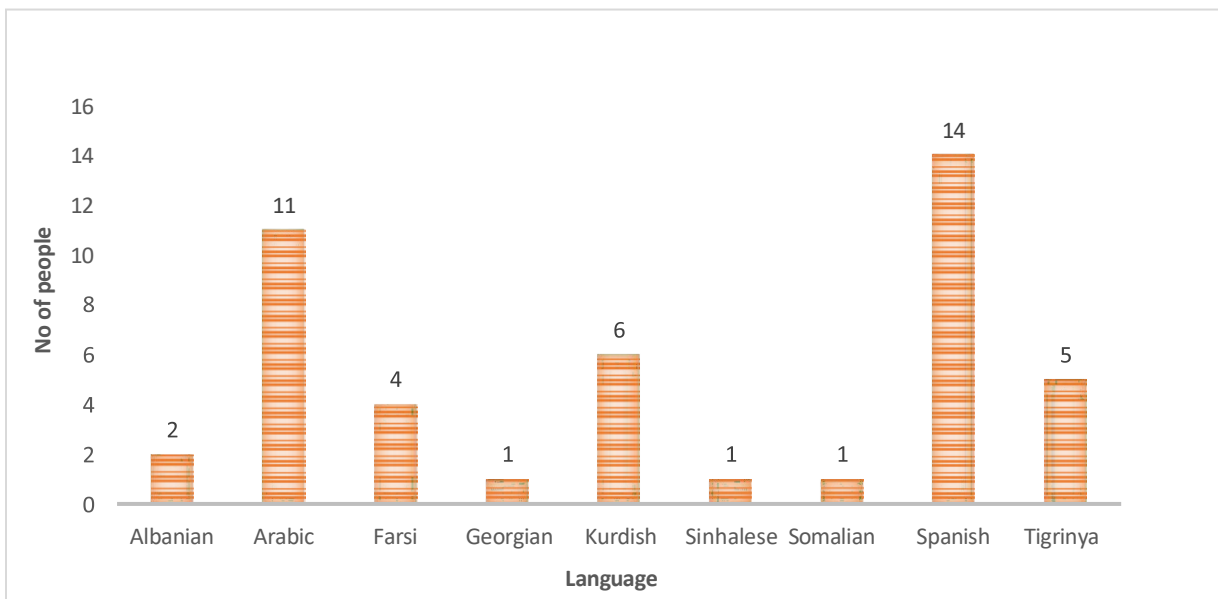
Use of English (46 responses):

54% had some ability to read and write in English. The majority had gained this skill since living at the HOCCIAs and also attending English classes.

Family (45 responses):

11 of the 45 who responded to this question had children with them who ranged in age from toddler to teenage. The children attended school/college during term time.

Environment

Living in the HOCCIA (45 responses):

We asked participants to rate various aspects of their experiences living in the HOCCIA:

Food and transport were the main issues. 75% rated the food as poor or very poor. 56% rated transport as poor or very poor.

When asked further about food, the issues highlighted were as follows: -

- The type and content were limited.
- Too much spicy food and frequently rice.
- Lack of catering for dietary requirements such as cultural background and underlying health issues.

Combined results

Aspect of environment (no. of responses)	1 = very poor	2 = poor	3 = OK	4 = good	5= very good
Cleanliness (45)	0 (0%)	3 (7%)	13 (29%)	13 (29%)	16 (35%)
Food (45)	28 (62%)	6 (13%)	9 (20%)	2 (4%)	0 (0%)
Staff (45)	5 (11%)	2 (4%)	18 (40%)	11 (24%)	9 (20%)
HOCCIA activities (45)	16 (35%)	6 (13%)	7 (16%)	6 (13%)	10 (22%)
English lessons (45)	6 (13%)	7 (16%)	12 (27%)	9 (20%)	11 (24%)
Local area shops (44)	11 (25%)	8 (18%)	12 (27%)	5 (11%)	8 (18%)
Things to do away from HOCCIA (45)	17 (38%)	6 (13%)	10 (22%)	5 (11%)	7 (16%)
Local people (45)	4 (9%)	1 (2%)	4 (9%)	7 (16%)	29 (64%)
Transport (44)	23 (52%)	2 (4%)	10 (23%)	3 (7%)	6 (14%)

"The other key concern is the lasting effects of a period of poor nutrition, especially when it comes at the end of a difficult journey. Shipped in pre-made food is not good enough for long term provision and will cause problems for individuals and the NHS, and potentially lead to people choosing to work illegally, in turn risking exploitation. We are also frequently told that children are losing weight in hotels.

Has the daily budget for food increased recently? If not the cost of living crisis will almost inevitably lead to a deterioration of food supplied."

Sam Jonkers(She/her), Care4Calais

Rural HOCCIA results

Aspect of environment (no. of responses Rural HOCCIA)	1 = very poor	2 = poor	3 = OK	4 = good	5= very good
Cleanliness (14)	0 (0%)	3 (21%)	5 (35%)	1 (7%)	5 (35%)
Food (14)	4 (28%)	2 (14%)	7 (50%)	1 (7%)	0 (0%)
Staff (14)	1 (7%)	0 (0%)	5 (35%)	5 (35%)	3 (21%)
HOCA activities (14)	2 (14%)	4 (28%)	4 (28%)	2 (14%)	2 (14%)
English lessons (14)	4 (28%)	0 (0%)	2 (14%)	4 (28%)	4 (28%)
Local area shops (14)	5 (38%)	4 (30%)	1 (7%)	1 (7%)	2 (15%)
Things to do away from HOCCIA (14)	6 (42%)	1 (7%)	2 (14%)	1 (7%)	4 (28%)
Local people (14)	1 (7%)	0 (0%)	1 (7%)	1 (7%)	11 (78%)
Transport (14)	8 (57%)	0 (0%)	3 (22%)	2 (14%)	1 (7%)

Urban HOCCIA results

Aspect of environment (no. of responses Urban HOCCIA)	1 = very poor	2 = poor	3 = OK	4 = good	5= very good
Cleanliness (29)	0 (0%)	0 (0%)	7 (24%)	12 (41%)	10 (34%)
Food (29)	22 (75%)	4 (13%)	2 (6%)	1 (3%)	0 (0%)
Staff (29)	3 (10%)	2 (6%)	13 (44%)	6 (20%)	5 (17%)
HOCCIA activities (29)	13 (44%)	2 (6%)	2 (6%)	4 (13%)	8 (27%)
English lessons (29)	2 (6%)	7 (24%)	8 (27%)	5 (17%)	7 (24%)
Local area shops (29)	6 (20%)	4 (13%)	9 (31%)	4 (13%)	6 (20%)
Things to do away from HOCCIA (29)	9 (31%)	5 (17%)	8 (27%)	4 (13%)	3 (10%)
Local people (29)	2 (6%)	1 (3%)	3 (10%)	6 (20%)	17 (58%)
Transport (28)	14 (50%)	2 (7%)	6 (21%)	1 (4%)	5 (18%)

Broadly speaking the responses from the two HOCCIAs were very similar with the exception of the quality of the food.

42% from the rural HOCCIA were unsatisfied with the food and 88% from the urban HOCCIA were unsatisfied with the food.

Results also show participants were unhappy with HOCCIA activities, things to do away from the HOCCIA and local amenities due to location especially in one of the HOCCIAs. Activities were also very limited such as games and sports equipment.

"Don't feel safe in hotel because too many men. English classes too basic.

No easy-to-get appointment with GP. More info about services wanted"

Resident Asylum seeker, HOCCIA

Feeling safe living at the HOCCIA (46 responses):

Whilst 87% of respondents reported feeling safe, 13% did not. The majority of the 13% who did not were single females.

"When we first arrived in the district, despite receiving a welcome from most, we were met with some opposition in the form of discriminatory comments on online message boards. We have now learnt to "step aside" when other people walk towards us in the street".

Confidential source – Healthwatch West Berks Survey results 2022

"They have been made aware that they were treated with some suspicion when they first arrived,"

Ms Reeve said (Newbury weekly News June 2022)[7].

Physical and verbal bullying (44 responses):

14% (6 respondents) reported having experienced physical or verbal bullying within the accommodation.

Finance and work

Income (45 responses):

93% were in receipt of the Government allowance of £8.24. The remaining 7% were receiving no money from the Government.

86% of respondents said they do not get money from anywhere else. 14% said they were getting money from elsewhere, which might need exploring.

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[7] PressReader.com - Digital Newspaper & Magazine Subscriptions

Previous occupation (34 responses):

We asked what their previous job was to understand the range of skills among the asylum seekers. Responses were wide ranging, including 20% of respondents were students and 14.71% worked for technology companies.

Volunteering (39 responses):

11 asylum seekers (28%) stated they were doing volunteer work.

Paid work (46 responses):

98% responded to say they would like to work.

Other skills and interests (28 responses):

When asked what other skills and interests they have, answers included career vocations, returning to education and expressing interest in sport/exercise.

After speaking with them, many were keen to improve their quality of life and to start afresh.

Some asylum seekers are attending Reading College to learn English and they can access the local transport system and are given a bus pass (term use only).

Other local colleges declined to have asylum seekers attend on site but offered to bring the services to the HOCCIA.

English lessons are available at both HOCCIAs and were rated highly by the respondents, although some asylum seekers expressed concerns that the level was too basic and wanted to learn better standard of English whilst here in the UK.

Lifestyle

Physical activity/sport (31 responses):

We had 31 responses to this question and walking was by far the most popular form of exercise reported. This may be due to the lack of opportunities for many other kinds of exercise and a lack of public transport for both HOCCIAs.

Some asylum seekers have access to bikes, which have been donated to them by the local community.

Yes

Legend: Running, Cycling, Walking, Gym, Swimming, Football, Cricket

Values shown: 9 (Running), 17 (Cycling), 28 (Walking), 3 (Gym), 4 (Swimming), 5 (Football), 2 (Cricket)
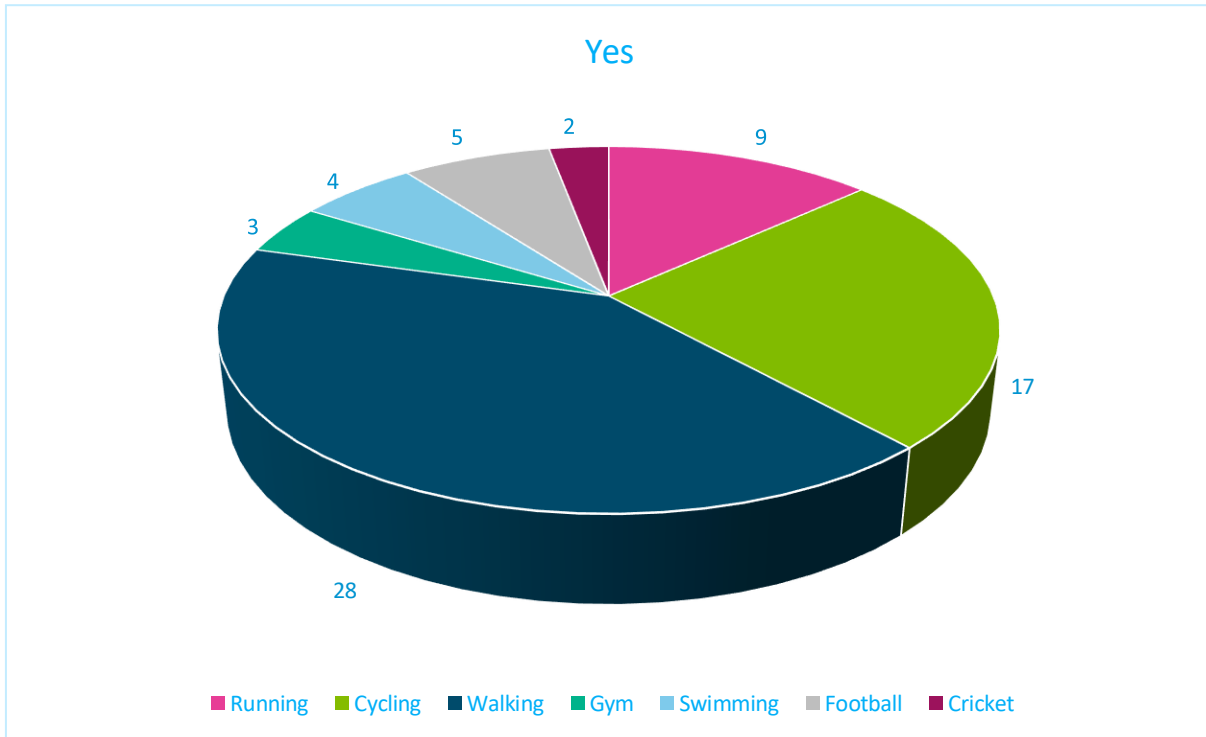
Health & wellbeing

Smoking and alcohol (44 responses):

18% said they smoke and 14% said they drink alcohol.

None had started smoking or drinking since moving into the area.

Knowledge of services (47 responses):

Whilst 78% of the asylum seekers had not heard of a sexual health check before, this could be due to cultural differences or feeling uncomfortable in responding to this question.

Access to services (47 responses):

	Do you know how to access these services?		Have you used this service?	
	Yes	No	Yes	No
Pharmacy	83% (30)	17% (6)	66% (19)	34% (10)
NHS 111 service	72% (26)	28% (10)	60% (18)	40% (12)
Hospital Emergency department	63% (17)	37% (10)	43% (10)	57% (13)
Minor injuries West Berks Community Hospital	55% (12)	45% (10)	6% (1)	94% (16)
Health check	66% (19)	34% (10)	65% (17)	35% (9)
Sexual health check	37% (6)	63% (10)	33% (5)	67% 10)
Help to stop smoking	23% (3)	77% (10)	0% (0)	100% (11)
Help to stop drinking	10% (1)	90% (9)	0% (0)	100% (9)

When asked whether they had used services other than the ones lists, 36 (82%) of 44 responded to say they had not.

When asked why they hadn't, 35 out of 36 responded, of whom 57% said they didn't know how and 40% that they hadn't needed to. One person said they didn't want to.

When asked where they would go to find out about services, the top 3 responses were Care4Calais, the internet and HOCCIA staff.

Contact with services (44 responses)
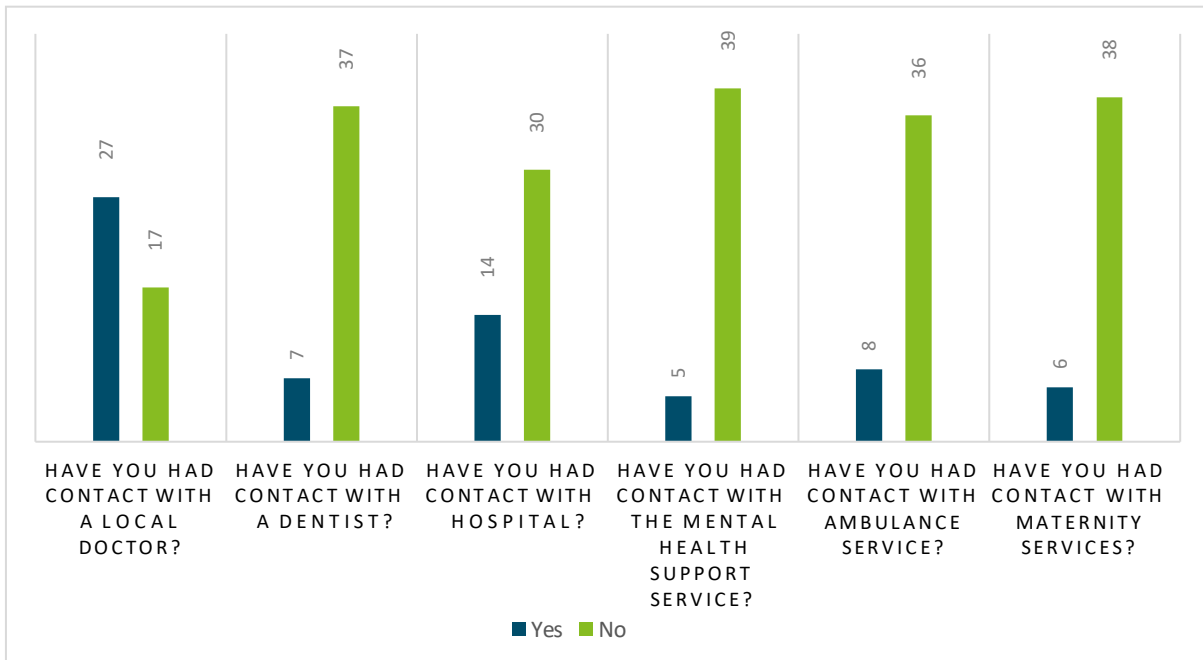
When asked if they had contact with the above services, the doctors were the only service the asylum seekers had really had much contact with at 64%.

Of concern is:

21% had used Ambulance Services, 35% Hospital services, but only 14% had accessed Mental Health services- which should be a cause of concern given the levels of anxiety witnessed.

The following services *had not* been contacted by the majority of the respondents.

Dentist: 82%	Ambulance: 79%
Hospital: 65%	Maternity: 92%
Mental health support: 86%	Opticians: 83%

"Since arrival I have been trying to get GP appointment to get X-ray for an injury. Struggling with backache. Trying to get dentist appointment."

Resident asylum seeker, HOCCIA

Women only health questions (14 responses):

We asked women whether they were aware of and had accessed breast exams, contraception and cervical smears. Responses were mixed, noting that different age groups access different services. Only one respondent had accessed one of the services.

We also asked them if they would like further information, the majority are keen to be given more information in order to access these services.

Men only health questions (23 responses):

We asked men whether they were aware of and had accessed prostrate checks and contraception, noting that different age groups access different services. Around one quarter of respondents had heard of the two services; none had accessed either of these services.

We also asked them if they would like further information, they are keen to be given more information to access these services.

General support received (43 responses)

Service	
Churches 14 (33%)	Staff at HOCCIA 6 (14%)
Refugee Support Group 15 (35%)	West Berkshire Muslim Centre 3 (7%)
Care4Calais 23 (53%)	Newbury Soup Kitchen 0 (0%)
Library 4 (9%)	Local Council 0 (0%)
Other 8 (19%)	

Over half of those who responded had been supported by Care4Calais compared to less than a fifth who felt they had been supported by HOCCIA staff.

Appendix 2: Reported incidents from Voluntary Sector Organisations

- *On 23 March - S from Urban HOCCIA was due to attend a hospital appointment for treatment of serious injuries sustained in a road traffic accident. The accommodation provider's transport did not arrive and so S had to be transported to hospital by a Care4Calais volunteer, who happened to be on site.*

- *On 17 August - A from Rural HOCCIA was due to attend a scan at Reading hospital, interpreter was booked and paid for by NHS, the Home Office transport did not arrive and appointment was missed.*

- *On 22 September - A female resident of Rural HOCCIA J, was due to attend a physiotherapy appointment to relieve spinal problems, NHS interpreter had been booked and paid for. Transport did not arrive and the appointment was missed.*

- *On 1 November - a 34-year-old asylum seeker died shortly after receiving a cancer diagnosis. The young man had been moved to different towns at short notice 4 times in the space of a year so did not have continuity of care.*

Asylum Seeker Health and Social Care Services Survey

Introduction

This survey asks questions about Health and Social Care Services in West Berkshire. The results will be used in a report by Healthwatch West Berkshire to improve services for Asylum Seekers in West Berkshire.

This survey is private. You WILL NOT have to give your name in the survey or be identified in anyway.

The information in this survey is private and no one apart from Healthwatch West Berkshire will have access to these questionnaires.

If we think some information is a risk or danger to you, we must tell someone for your own or others safety. Only answer the questions that you feel comfortable answering and you can stop at any time.

Please tick the following

☐ I understand this information will be used in the report

☐ I have not completed this survey before today

☐ I give my verbal consent for my answers to be used without identifying me in anyway, but I am not happy to sign or give my name

Which hotel are you staying at?

☐ RURAL HOCCIA   ☐ URBAN HOCCIA

☐ Interview Conducted at -

☐ _____

Gender

◯ Male   ◯ Female   ◯ Other

Age

◯ Under 18   ◯ 19-34   ◯ 35-54

◯ 55-69   ◯ 70 +

Q1)

Where are you from?

Q2)

What is your nationality?

Q3)

How long have you lived in West Berkshire?

Q4)

What is your main language?

Healthwatch West Berkshire Asylum Seeker Experiences of Living in West Berkshire FINAL Feb 2023

Q5)

What is your religion or belief?

> [blank text field]

Q6)

Do you speak English?

○ Yes ○ No

Q7)

Do you read and write English?

○ Yes ○ No

FAMILY

Q8)

Did you travel here with any family?

○ Yes ○ No

Q9)

Did you travel here with your children?

○ Yes   ○ No

Q10)

If yes, how old are they?

Do the children attend school/nursery?

○ Yes   ○ No

About this hotel

How do you find the following: 1= POOR, 5 = VERY GOOD

Cleanliness

○ 1

○ 2

○ 3

○ 4

○ 5

Food

○ 1

○ 2

○ 3

○ 4

○ 5

Staff

○ 1

○ 2

○ 3

○ 4

○ 5

Hotel activities

○ 1

○ 2

○ 3

○ 4

○ 5

English lessons

○ 1

○ 2

○ 3

○ 4

○ 5

Local area (shop)

○ 1

○ 2

○ 3

○ 4

○ 5

Things to do away from the hotel

○ 1

○ 2

○ 3

○ 4

○ 5

Local people

○ 1

○ 2

○ 3

○ 4

○ 5

Transport

○ 1

○ 2

○ 3

○ 4

○ 5

Q13)

Do you feel safe living here at the hotel?

○ Yes   ○ No

Q14)

Have you experienced any physical or verbal abuse/bullying?

○ Yes   ○ No

Q14a) If yes, By whom?

☐ Other Residents   ☐ Staff   ☐ People outside the hotel   ☐ Other (Please Tell):

[   ]

Q15)

Who have you been supported by?

☐ Church   ☐ Refugee Charity   ☐ Care for Calais

☐ Library   ☐ Staff at Accommodation   ☐ West Berkshire Muslim Centre

☐ Newbury Soup Kitchen   ☐ Local council   ☐ Other

Other (Please tell)

☐ [   ]

Finance & Work

Q16)

Do you receive money from the government?

○ Yes   ○ No

Q17)

Do you get money from anywhere else?

☐ Yes   ☐ No

Q18)

What did you work at before you came to the UK?

```
┌─────────────────────────────┐
│                             │
│                             │
│                             │
│                             │
└─────────────────────────────┘
```

Q19)

Are you doing any voluntary work?

◯ Yes   ◯ No

Q20)

Would you like to work?

◯ Yes   ◯ No

Q21)

What other skills or interests do you have?

```
┌─────────────────────────────┐
│                             │
│                             │
│                             │
│                             │
└─────────────────────────────┘
```

Lifestyle

Q 22) Do you do any physical sport?

Running

Yes

No

Cycling

Yes

No

Walking

Yes

No

Gym

Yes

No

Swimming

Yes

No

Football

Yes

No

Cricket

Yes

No

[ ]

Any other type?

[ ]

Q23)

How much time do you spend in your room?

○ All Day   ○ All Night   ○ When I sleep only

Q24)

Do you smoke cigarettes?

○ Yes   ○ No   ○ Only since being at the hotel

Q25)

Do you drink alcohol?

○ Yes   ○ No   ○ Only since being at the hotel

Health & Wellbeing

Q26)

Your Health

Pharmacy

Have you heard of this service?

[ ]

If Yes, Do you know how to access it?

[ ]

If Yes, have you used this service?

[   ]

If no, would you like to know more?

[   ]

NHS 111 Service

Have you heard of this service?

[   ]

If Yes, Do you know how to access it?

[   ]

If Yes, have you used this service?

[   ]

If no, would you like to know more?

[   ]

Hospital Emergency Department

Have you heard of this service?

[   ]

If Yes, Do you know how to access it?

[   ]

If Yes, have you used this service?

[   ]

[   ]

If no, would you like to know more?

Minor Injuries - West Berks Community Hospital

Have you heard of this service?

```
┌─────────────────────────────┐
│                             │
│                             │
└─────────────────────────────┘
```

If Yes, Do you know how to access it?

```
┌─────────────────────────────┐
│                             │
│                             │
└─────────────────────────────┘
```

If Yes, have you used this service?

```
┌─────────────────────────────┐
│                             │
│                             │
└─────────────────────────────┘
```

If no, would you like to know more?

```
┌─────────────────────────────┐
│                             │
│                             │
└─────────────────────────────┘
```

Q27)

Other Services/Support

Health Check

Have you heard of this service?

```
┌─────────────────────────────┐
│                             │
│                             │
└─────────────────────────────┘
```

If Yes, Do you know how to access it?

```
┌─────────────────────────────┐
│                             │
│                             │
└─────────────────────────────┘
```

If Yes, have you used this service?

If no, would you like to know more?

Sexual Health Check

Have you heard of this service?

If Yes, Do you know how to access it?

If Yes, have you used this service?

If no, would you like to know more?

Help to stop drinking

Have you heard of this service?

If Yes, Do you know how to access it?

If Yes, have you used this service?

[   ]

If no, would you like to know more?

[   ]

Non Drinker - go to next question

Have you heard of this service?

[   ]

If Yes, Do you know how to access it?

[   ]

If Yes, have you used this service?

[   ]

If no, would you like to know more?

[   ]

Q28)

Women Only

Breast Exam (over 50's)

Have you heard of this service?

[ ]

If Yes, Do you know how to access it?

[ ]

If Yes, have you used this service?

[ ]

If No, would you like to know more?

[ ]

Contraception

Have you heard of this service?

[ ]

If Yes, Do you know how to access it?

[ ]

If Yes, have you used this service?

[ ]

If no would you like more information?

[ ]

Cervical Smear (over 25)

Have you heard of this service?

[ ]

If Yes, Do you know how to access it?

[ ]

If Yes, have you used this service?

[ ]

If No, would you like to know more?

[ ]

Q29)

Men Only

Prostate Check

Have you heard of this service?

[ ]

If Yes, Do you know how to access it?

[ ]

If Yes, have you used this service?

[ ]

If No, would you like to know more?

[ ]

Contraception

Have you heard of this service?

[   ]

If Yes, Do you know how to access it?

[   ]

If Yes, have you used this service?

[   ]

If No, would you like to know more?

[   ]

Q30)

Have you used any other health services since being here?

○ Yes   ○ No

Q31)

If no is this because…

○ havent needed to?   ○ dont know how to?   ○ dont want to?

Q32)

If you did need to, where would you go to find out more about the services?

☐ Church   ☐ Local Council   ☐ Staff at accommodation

☐ West Berkshire
   Refugee Charity
   Muslim Centre
   Care for Calais

☐ Library   ☐ Internet   ☐ Newbury Soup
☐ Kitchen Other

Q33)

Have you had contact with these services?

Local Doctor

Yes/No

Was it easy to access / join?

Dentist

Yes/No

Was it easy to access / join?

Hospital

Yes/No

Was it easy to access / join?

Mental Health Support

Yes/No

Was it easy to access / join?

[ ]

Ambulance

Yes/No

[ ]

Was it easy to access / join?

[ ]

Maternity

Yes/No

[ ]

Was it easy to access / join?

[ ]

Opticians

Yes/No

[ ]

Was it easy to access / join?

[ ]

Q34)

Services – 1= Very Poor, 5 = Very Good

Local Doctor

Have you needed to have contact with these services?

[   ]

Was it easy to access/join?

[   ]

Was this service good or bad?

[   ]

How long did you have to wait to be seen?

[   ]

Did you get the support you needed?

[   ]

Did you understand what you were told?

[   ]

Did you get treated

[   ]

Maternity

Yes/No

[   ]

Was it easy to access / join?

[   ]

Opticians

Yes/No

_____

Was it easy to access / join?

_____

Q35)

Services – 1= Very Poor, 5 = Very Good

Local Doctor

Have you needed to have contact with these services?

_____

Was it easy to access/join?

_____

Was this service good or bad?

_____

How long did you have to wait to be seen?

_____

Did you get the support you needed?

_____

Did you understand what you were told?

_____

Did you get treated?

_____

Dentist

Have you needed to have contact with these services?

[ ]

Was it easy to access/join?

[ ]

Was this service good or bad?

[ ]

How long did you have to wait to be seen?

[ ]

Did you get the support you needed?

[ ]

Did you understand what you were told?

[ ]

Did you get treated?

[ ]

Mental health services

Have you needed to have contact with these services?

[ ]

Was it easy to access/join?

[ ]

Was this service good or bad?

[ ]

How long did you have to wait to be seen?

[ ]

Did you get the support you needed?

[ ]

Did you understand what you were told?

[ ]

Did you get treated?

[ ]

Hospital and Emergency

Have you needed to have contact with these services?

[ ]

Was it easy to access/join?

[ ]

Was this service good or bad?

[ ]

How long did you have to wait to be seen?

[ ]

Did you get the support you needed?

[ ]

Did you understand what you were told?

[ ]

Did you get treated?

[ ]

Ambulance service

Have you needed to have contact with these services?

[ ]

Was it easy to access/join?

[ ]

Was this service good or bad?

[ ]

How long did you have to wait to be seen?

[ ]

Did you get the support you needed?

[ ]

Did you understand what you were told?

[ ]

Did you get treated?

[ ]

Thank you for taking the time to give us this information. If you have anything else to say, please write it in the box here.

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Health and wellbeing conference

Report being considered by:	Health and Wellbeing Board
On:	23 February 2023
Report Author:	Gordon Oliver
Report Sponsor:	Councillor Graham Bridgman
Item for:	Discussion

1. Purpose of the Report

This report presents a brief review of the Health and Wellbeing Conference, which took place on 31 January 2023.

2. Recommendation(s)

The Health and Wellbeing Board is invited to reflect on the conference and any lessons that can be learned to inform future events.

3. Executive Summary

3.1 The Health and Wellbeing Conference was held as a hybrid event on 31 January 2023. It had a theme of 'Creating Resilient Communities' and covered the local response to the challenges posed by the rising cost of living.

3.2 The event was held on the same day as the District Parish Conference, since it was felt likely that town / parish councils may be interested in attending both events. This report provides a short summary of the event and highlights feedback received from delegates along with observations from the officers who supported the event.

4. Supporting Information

Background

4.1 The conference was held on 31 January, which was approximately 12 months after the last event.

4.2 Due to the Covid pandemic, the last two events had to be held virtually. While it was felt that there was an appetite to return to an in-person event to facilitate professional networking, the importance of retaining a virtual option was recognised for those who were unable to attend in person. In total, 105 people registered for the event – 70 to attend in-person, with the remainder to attend remotely via Zoom.

4.3 The venue for the event was the Council Chamber in West Berkshire Council's Market Street Offices. This was chosen as it had the necessary audio-visual equipment for broadcasting the event, as well as being an accessible venue in a central location. It also meant that the same room could be used for the District Parish Conference, which was held later that day. This meant that town / parish councillors could attend both events.

4.4 A stalls marketplace was set up in the Council reception, which included representation from local voluntary and community sector organisations and service providers that offer advice and support to local residents. The marketplace was open for half an hour before and after the event. Organisations represented were:

- Age UK

- CCB

- Citizens Advice

- Cost of Living Hub / Ukraine Support

- Solutions4Health – Winter Wellbeing Outreach Service

- Suicide Prevention Action Group

- West Berkshire Food Bank

- Westminster Drug Project

4.5 For the benefit of those attending via Zoom, a video was played prior to the start of the event, which showcased some of the key activities of Health and Wellbeing Board partners over the previous 12 months.

4.6 The theme of the event was 'Creating Resilient Communities' and covered the local response to the challenges posed by the rising cost of living. There were presentations on:

- The BOB Integrated Care System and its Strategic Priorities

- Cost of Living Support

- Coping with Financial Pressures

- Food Poverty

- Mental Health

- Grant Funding

Feedback

4.7 The following points are based on feedback from delegates (both informal feedback on the day and via the feedback forms), as well as observations from the officers who supported the event. Unfortunately, only a few delegates completed the feedback forms, which limited the opportunity to learn from the event.

4.8 The topics covered at both Conferences were relevant and demonstrated an understanding of what would be valuable to attendees. Of those who submitted a feedback form, the majority considered the quality of the presentations to be 'excellent' or 'good' and the usefulness to be 'very useful' or 'useful'. The only negative feedback related to the 'food poverty' and 'mental health' topics where it was felt that it would have been helpful to have more practical examples of action to

address these issues and less information about the causes, which were well-understood.

4.9   A suggestion was made about making the event more accessible for neuro-divergent people and making support available to delegates who may be triggered by issues highlighted at the conference.

4.10   Officers felt that the lead-in time was too short, with just three months from instigation to delivery. Dedicated support had been procured in previous years, but was not provided for this event. It was also suggested that consideration be given to greater involvement from HWB partners.

4.11   Effective communication / promotion was vital for both events, but particularly for the Health and Wellbeing Conference, which was aimed at members of the public and external organisations, as well as HWB partners. All communications channels were fully and effectively utilised, but the campaign was interrupted by the Christmas / New Year break.

4.12   There were some benefits in having both conferences on the same day (e.g. joint planning, avoiding conflicting dates for attendees, enabling attendance at both events, venue set up on one day, etc.). However, it was a long day for attendees and officers alike. Also, the timing of the District Parish Conference was not ideal, since it took place before the Council's budget had been agreed. Only six town / parish council representatives attended both events.

4.13   The venue was adequate and was able to accommodate most of the people who wished to attend in person, while being able to stream the event to remote attendees. However, removal of the desk-top microphones / speakers that are used for Council meetings meant that the delegates in the room struggled to hear some of the presentations. Testing and calibration of the ceiling speakers would have helped to mitigate this – this would have required IT support.

4.14   The Q&A sessions appeared to work well with the Zoom Q&A feature allowing remote attendees to participate. There was some feedback about the first Q&A session being dominated by West Berkshire Councillors.

4.15   Previous Health and Wellbeing Conferences have included workshops to explore key topics in more detail and capture the views of a diverse range of local residents and organisations. Unfortunately, this was not possible at the Council offices due to the lack of additional meeting rooms. There were several comments from delegates suggesting that future events should include workshops for both the in-person and remote delegates. This would allow delegated to interact and reflect on / respond to the presentations.

4.16   While the Council Offices worked well, an alternative venue with dedicated conference facilities could be considered more 'neutral' and enable delivery of a more interactive and engaging event. An alternative venue would also have the benefits of other essential support 'on site' including refreshments.

4.17   The marketplace was very well received and there was positive feedback from stall holders. However, the marketplace and the noise associated with it did compromise the Council's reception for a short period. There was some feedback from delegates that they would have liked more time for networking and talking to stakeholders.

5. Options Considered

5.1 The option to have just an in-person or an online event would restrict the number of people who could attend and so these options are not recommended.

5.2 Holding future Health and Wellbeing Conferences on the same day as the District Parish Conferences is not recommended as this makes for a long day for attendees and support staff.

5.3 Holding future events in January is not recommended, since communications are not as effective over the Christmas break. Also, this is a busy period for the NHS.

5.4 While the Council Offices could be used to host future events, space and operational constraints mean that it is not an ideal venue, and it places a significant burden on Council staff in terms of organisation, set-up and operation.

6. Proposal(s)

The following proposals have been made in relation to holding future conferences:

- The Health and Wellbeing Conference and District Parish Conference should be held as separate events in future.

- The Health and Wellbeing Board Conference should be held later in the year so comms are not lost in the Christmas / New Year Break.

- An alternative, more 'neutral' venue should be considered for future events, with space for breakout sessions to enable delivery of a more interactive and engaging event and with dedicated staff to help organise and run the event.

- Involve Health and Wellbeing Board partner organisations more in preparations for the event.

7. Conclusion(s)

While many aspects of the conference worked well, there were elements that could be improved and the proposals outlined above would help to address these and create more inclusive and engaging events.

8. Consultation and Engagement

Feedback was received from delegates and officers supporting the event.

9. Appendices

None

Background Papers:

Health and Wellbeing Conference on 31st January 2023 Evaluation Forms.

Health and Wellbeing Priorities Supported:

The proposals will support the following Health and Wellbeing Strategy priorities:

☒ Reduce the differences in health between different groups of people
☒ Support individuals at high risk of bad health outcomes to live healthy lives
☒ Help families and young children in early years
☒ Promote good mental health and wellbeing for all children and young people
☒ Promote good mental health and wellbeing for all adults

The proposals contained in this report will support the above Health and Wellbeing Strategy priorities by ensuring that future conferences are more effective.

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Joint Health and Wellbeing Strategy Delivery Plan: Quarter 3 Update

Report being considered by:	Health and Wellbeing Board
On:	23 February 2023
Report Author:	April Peberdy
Report Sponsor:	Professor Tracy Daszkiewicz
Item for:	Decision

1. Purpose of the Report

This is the Q3 update on progress made on the Joint Health and Wellbeing Strategy Delivery Plan; proposing future revisions and amendments following feedback from action owners.

2. Recommendation(s)

2.1 The Health and Wellbeing Board is asked to receive the progress update for Q3. The Board is asked to note a number of changes in the actions identified in Delivery Plan following feedback from sub-group chairmen and action owners.

2.2 The Board is asked to agree that the Delivery Plan is refreshed to ensure the actions reflect current and relevant priorities. A small task group will be convened to review all actions and targets and ensure they are appropriately allocated to sub-groups of the Health and Wellbeing Board.

2.3 The Board is asked to note that the Council is in the process of importing corporate projects and programmes into the new InPhase management system. The Joint Health and Wellbeing Strategy Delivery Plan is due to be added shortly and it is hoped that this work should be complete in time for the Q4 report in July 2023.

3. Executive Summary

3.1 The Joint Health and Wellbeing Strategy will be in place for 10 years. The Delivery Plan is intended to cover the first 3 years, after which it will be formally refreshed.

The five priorities in the Strategy are as follows:

(1) Reduce the differences in health between different groups of people

(2) Support individuals at high risk of bad health outcomes to live healthy lives

(3) Help families and children in early years

(4) Promote good mental health and wellbeing for all children and young people

(5) Promote good mental health and wellbeing for all adults

3.2 The Delivery Plan has actions across the five priority areas of the strategy. Ownership of the actions has been allocated across health and wellbeing sub-group leads and partners in West Berkshire. In total, 70 owners or joint owners have been allocated actions, and the proposal is now to review this allocation.

3.3 In accordance with the Q2 paper, each assigned owner has been asked to review and provide an update on their actions and provide feedback. It has been recognised that actions / ownership needs to be reviewed / changed.

3.4 InPhase has been adopted as the Council's new project management system and will be the new monitoring tool for this Delivery Plan. An update will be presented in the Q4 report.

4. Supporting Information

The Delivery Plan is attached for information. It contains commentary where received, with RAG ratings updated for Q3.

5. Proposal(s)

5.1 The Health and Wellbeing Board is asked to receive the update on progress with the delivery plan for Q3.

5.2 The Board is asked to agree that the Delivery Plan is refreshed to ensure the actions reflect current and relevant priorities and are allocated and coordinated appropriately. A small task will be convened to review all actions and targets and ensure they are appropriately allocated to sub-groups of the Health and Wellbeing Board.

5.3 The Board is asked to note that the Council is in the process of importing corporate projects and programmes into the new InPhase management system. The Joint Health and Wellbeing Strategy Delivery Plan is due to be added shortly and it is hoped that this work should be complete in time for the Q4 report in July.

6. Conclusion(s)

Progress is being made with actions to ensure the Strategy's priorities are delivered. The Delivery Plan requires a refresh to ensure that all actions are appropriate and are allocated to the correct sub-groups of the Health and Wellbeing Board.

7. Consultation and Engagement

Owners of actions have been asked to provide an update. Consultation with existing action owners has resulted in the recommendations to coordinate a refresh for clarity and purpose.

8. Appendices

Appendix A – Delivery Plan with Q3 progress updates.

Background Papers:

None

Health and Wellbeing Priorities Supported:

The proposals will support the following Health and Wellbeing Strategy priorities:

☒ Reduce the differences in health between different groups of people
☒ Support individuals at high risk of bad health outcomes to live healthy lives
☒ Help families and young children in early years
☒ Promote good mental health and wellbeing for all children and young people
☒ Promote good mental health and wellbeing for all adults

The proposals contained in this report will support the above Health and Wellbeing Strategy priorities by ensuring progress is made with the actions agreed in the Delivery Plan.

Appendix A

Health and Wellbeing Strategy Delivery Plan 2022-2025												
							2022/23					
Objective	Description	Owned by	Contact	Timescale	Indicator	Target	Q1	Q2	Q3	Q4	RAG Status	Commentary
Priority 1 - Reduce the differences in health between different groups of people												
1.1 Use information and intelligence to understand our communities, identify those who are in greatest need and ensure they are able to access the right services and support	1.1.1: Undertake a Health needs assessment on health inequalities, including impact of Covid-19	Health Inequalities Taskforce	April Peberdy/Catherine Greaves	May-23	Completed HNA	N/A	Amber	Red	Green		Amber	The following outputs from the HI Needs Assessment are complete: data analysis & a digital dashboard (Powerbase Platform) for officers in the PH team & HITF, these outputs are in progress: a digital HI story map for the Berkshire Observatory, an interim MS Word report for the HWB steering group, an MS Word PDF HINA report. The HINA report cannot be completed until the EDI Needs Assessment community participation report is ready in April 2023, which is also the community participation tool for the HI needs assessment. Also awaiting the finalisation of the BOB ICP priorities directly linked to HI. Target date changed to reflect the dates of these reports that are key to the HI needs assessment.
	1.1.2: Embed Population Health management approach across all programmes, incorporating 2021 census data when available	Public Health, BOB ICB (Berks West)	April Peberdy / Sarah Webster	Ongoing	To be developed	TBC	Red	Red	Red		Red	Further work required. ICB accepts the ambition and agrees that we need to ensure appropriate population health data is supporting prioritisation/programme delivery
	1.1.3: Develop a local index to understand our communities from both an inequalities and resilience perspective	Health Inequalities Taskforce	April Peberdy/Susan Powell	Dec-22	Index created	N/A						To be agreed in collaboration with Building Communities Together Team.
1.2: Assess how Covid-19 has differentially impacted our local populations, including through the displacement or disruption of usual services.	1.2.1: To hear from our residents through conducting a representative residents survey every two years (starting December 2021).	West Berkshire Council Consultation Team	Catalin Bogos	Mar-22	Survey completed.	Survey every 2 years						Next survey due 2024.
	1.2.3: To understand the impact of Covid-19 on care home residents and their families	Healthwatch West Berkshire	Fiona Worby	Mar-22	Visit Care homes and speak with families	5						
	1.2.4: Work on the findings of the Healthwatch Covid-19 report. Assess the impact of Covid-19 on DNA?s and availability of services. Reassess the impact of covid-19 on the local cancer care	Healthwatch West Berkshire	Fiona Worby	Mar-22	Report on experiences	N/A						
	1.2.6: Implementing the Recovery from Covid-19 Strategy	Recovery and Renewal Group	Joseph Holmes		KPIs as under the delivery plan						Green	The original Recovery Strategy was approved in June 2020, with an updated version approved in May 2021. This set out a range of projects and opportunities for the Council to implement in order to assist with the recovery from the Covid-19 pandemic. On 1 April 2022, all remaining Covid restrictions had been lifted, and given that most of the actions had been substantially completed or were ongoing, the Executive agreed in July 2022 to approve the disbanding of Covid-19 recovery work and move any outstanding work into 'business as usual' or form part of the Council Strategy 2023-27.
	1.2.7: Compete the Covid-19 Dashboard. Including the incorporation of local West Berkshire data	Recovery and Renewal Group	Tracy Daszkiewicz	Dec-21	Completed dashboard						Green	A Covid dashboard was created for West Berkshire on the Berkshire Public Health website, with data updated on a weekly basis. Following removal of domestic restrictions and free Covid testing in England on 1 April 2022 the dashboard was removed from the website.

Health and Wellbeing Strategy Delivery Plan 2022-2025												
							2022/23				RAG Status	
Objective	Description	Owned by	Contact	Timescale	Indicator	Target	Q1	Q2	Q3	Q4		Commentary
1.3: Take a Health in All policies approach	1.3.1: Identify need for HiAP education and practical training across the Council and deliver sessions with aim to begin building a HiAP approach across services	Health Inequalities Taskforce	Elisabeth Gowens	Mar-23	Number of sessions. Number of staff trained. % increased understanding. % saw relevance to current work		Amber	Amber	Amber		Amber	Q1: Currently developing a training awareness session for staff that will be piloted and reviewed for the wider use. Q2: Have been in discussion with LGA to explore what training and further resources they can provide. Q3: Paper being taken to Corporate Board on this.
	1.3.2: Mapping of West Berkshire Strategies to identify areas of opportunity for combined working	Health Inequalities Taskforce	Elisabeth Gowens	Mar-22	Completion of mapping work		Green	Green	Green		Green	Potential areas of focus for HIAP work identified.
	1.3.3: Identify a current opportunity for a multi-team HiAP pilot project within the Council that can be used as a showcase piece in further staff education.	Health Inequalities Taskforce	Elisabeth Gowens	Sep-24	Opportunity identified Project plan put together and approved Commissioning process complete Service delivered Follow-up data collected and analysed Final report on both service and the broader HiAP process		Amber	Amber	Amber		Amber	We worked through 21/22 with colleagues in Environment and Education to design a service that could: * Deliver the Environment Deliver Plan's action to 'encourage children to spend more time in nature' * Deliver statutory health education to primary school children * Pilot a new healthy lifestyle service, focusing on nutrition and physical activity, for primary school children A contract was awarded to the Bucks, Berks and Oxon Wildlife Trust (BBOWT) to deliver this pilot programme to three year groups in two local primary schools. Delivery of the programme commenced in Sept 2023. Deliver will be complete by June 2023 and all final data and reports complete by Q1-Q2 2024
	1.3.4: Establish local authority support network for HIAP	Health Inequalities Taskforce , Public Health West Berkshire	Elisabeth Gowens	Dec-21	Network created. First meeting held. Tor produced	N/A	Green	Green	Green		Green	Completed and management of the network handed over to the LGA.
	1.3.5: Refine and improve process for reviewing new council policies and impact on health and emotional wellbeing (including a focus on reducing health inequalities)	Health Inequalities Taskforce	Elisabeth Gowens	Mar-23	Process developed. Template implemented		Amber	Amber	Amber		Amber	Work underway with colleagues in Legal to discuss the best way to move this process forward. Q3: This will form part of the paper going to Corporate Board.
1.4: Address the variation in the experience of the wider social, economic and environmental determinants of health	1.4.1: Pilot a whole community approach in a local ward to tackling health inequalities, using data and engaging with local communities	Health Inequalities Taskforce	April Peberdy/Catherine Greaves	Dec-23	Approach developed Evaluation to demonstrate impact	N/A	Amber	Red	Green			To be initiated following needs assessment - target date changed to reflect change in HINA target date

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							2022/23				RAG Status	
Objective	Description	Owned by	Contact	Timescale	Indicator	Target	Q1	Q2	Q3	Q4		Commentary
	1.4.2: Public Awareness campaign to promote the sustained employment of people from under-represented groups	Skills and Enterprise Partnership	Iain Wolloff		Delivery of campaign, engagement	One campaign		1	1			Groundwork successfully delivered an employer event at the Watermill Theatre on the 15th September 2022. The purpose of the day was to help organisations to understand Autism, Asperger's and mental health issues that affect participants and how small changes within organisations can result in successful placements, employment, and training.
	1.4.3: Support PCNs to tackle health inequalities through identifying and engaging with a population experiencing health inequalities	Locality Integration Board Berkshire West CCG	Paul Coe / Belinda Seston	Delivery to commence from March 2022	Population identified Intervention designed and implemented	N/A						The four West Berkshire PCNs are working jointly on a project to support patients with learning disabilities and sever mental illness to take up the offer of an annual health check. A project brief outlining the identified interventions has been presented to the Locality Integration Board and regular updates are being provided. **Q3 Update:** Improvement toolkit for practices shared with LD advocates for contributions, signed off by Dr Heather Howells and shared with practices. Successful meeting held with special schools regarding development of a lesson plan to support young people with LD to understand the importance of health checks. Some practices already performing very well with their health checks. Next project phase will be for practices to implement advice in improvement toolkit and maximise health check take up throughout Q3 and Q4.- Key feedback from both pertains to reasonable adjustments
	1.4.4: Development of a health impact policy for planning to support healthy environments	Public Health	Elisabeth Gowens	Mar-23	Process developed Process implemented	N/A						A Healthy Planning Protocol has been drafted however needs further reviewing by relevant colleagues in the Council and a further assessment around potential training needed for key staff prior to implementation. Q3: Drafts shared with relevant colleagues across the Council and will be reviewed in Q4, ready to put implementation plan together.
	1.4.5: Physical Activity Champion training	Public Health	Elisabeth Gowens	Jun-22	Number of Champions trained	15						Training complete and PAC network established.
	1.4.6: Implementation of the Supported Employment Strategy 2020 - 2024	Skills and Enterprise Partnership	Iain Wolloff	Mar-24	Actions as per the Strategy	N/A						The SEP have agreed an approach to the key responsibility to: 'Review evidence provided through the contract management of supported employment services being delivered to vulnerable adults'. Therefore, Katy Brazell, who leads on commissioning the supported employment services at WBC will present at a future meeting of the SEP. Paul Coe (Service Director, Adult Social Care) and Katherine Makant (Economy Manager) have agreed an alternative governance structure
1.5: Continue to actively engage and work with ethnically diverse communities, the voluntary sector, unpaid carers and self-help groups, ensuring their voices are heard.	1.5.1: Create a stakeholder map our current Community and Voluntary sector partners who are working to address health inequalities	Health Inequalities Taskforce	Zakyeya Atcha	Dec-22	Completion of network map	N/A						21 stakeholders mapped.

								2022/23					
Objective	**Description**	**Owned by**	**Contact**	**Timescale**	**Indicator**	**Target**	**Q1**	**Q2**	**Q3**	**Q4**	**RAG Status**	**Commentary**
	1.5.2: Redevelopment of the Health and Wellbeing Board engagement group and ongoing maintenance of the engagement toolkit	HWB engagement group		Jun-22	Promotion of the engagement toolkit Engagement events Annual HWB conference held	To be developed	🟥	🟥	🟥		🟥	The Engagement Group still does not have a Chairman following the departure of Kamal Bahia.
	1.5.3: Implement the Comms & Engagement Delivery Plan (key actions) Reviewing engagement with Parish & Town Councils (Dec 21). Voluntary and community sector support (April 22). Co-production framework (Nov 21). Maintaining signposting and connections to community support functions (April 22). Develop, distribute and evaluate a new grant fund to support community based co-production work. (aligns with Equality and Diversity Strategy too)	Engaging and Enabling Communities (BCT)	Susan Powell	Dec 2021 April 2022 Nov 2021 April 2022 TBC	KPIs as under Comms and Engagement Delivery Plan	As per plan	🟩				🟩	- Reviewing engagement with Parish & Town Councils (Dec 21) - completed and Improvement Plan being implemented - Co-production framework (Nov 21) - work completed and roll out continuing. - Maintaining signposting and connections to community support functions (April 22) - Review of need for digital community signposting is complete. Pilot of aDoddle community mapping has been completed. Procurement exercise completed and project now re-defined and moved to Digital Services to secure a future solution. - Voluntary and community sector support (April 22) - 2 tendering processes unsuccessful; grant being negotiated with the Volunteer Centre West Berkshire. Develop, distribute and evaluate a new grant fund to support community based co-production work. (aligns with Equality and Diversity Strategy too) - grant fund no longer available - this action to be closed down. .
	1.5.4: Ethnically diverse advocacy groups: identifying and engaging with key community contacts amongst the ED community	Communities and wellbeing/ HR	Susan Powell	Ongoing	Key diverse communities are better understood		🟩				🟩	Commissioned service provided by Educafe has provided details of ethnically diverse communities in West Berkshire. Action complete.
	1.5.5: Increase accessibility of Ethnically diverse advocacy services across West Berkshire: Expansion of Educafe to provide mobile service	Communities and wellbeing, HR	Susan Powell	Jun-22	Number of outreach community cafes							Educafe have run community cafes for approx. 40 weeks. They also held an inclusive event in Dec 22 (festive bazzar). Mobile service was trialled in summer 2022 in Hungerford and Thatcham. Resourcing currently focused in Newbury to deliver single community cafe successfully. Weekly attendance approx. 150-180.
	1.5.6: Promote the range of events that celebrate the diversity of our community	Communities and wellbeing, HR	Susan Powell	Dec-22	Number of events							Educafe have promoted events and consultations to diverse communities across West Berkshire as they have arisen. Educafe hold an inclusive event themselves every year (to be held in Dec 22).
	1.5.7: Support and develop the Community Conversations forum	Health Inequalities Taskforce , BCT	Zakyeya Atcha / Susan Powell	Ongoing	Number of community conversations forum meetings held . Number of community attendees	12 meetings/yr.	🟩				🟩	Collaboration with Building Communities Together Team to support the community conversation following completion of the needs assessment. Monthly Community Conversations continue on a range of topics chosen by participants. Additional Conversations have been arranged on specific topics such as the raising cost of living and also to support community engagement activities. Survey Monkey has been created to make sure the Conversations stay focused and are community based. To date 24 Conversations have taken place.

Health and Wellbeing Strategy Delivery Plan 2022-2025

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								2022/23				
Objective	Description	Owned by	Contact	Timescale	Indicator	Target	Q1	Q2	Q3	Q4	RAG Status	Commentary
1.6: Ensure services and support are accessible to those most in need through effective signposting, targeted health education, promoting digital inclusion and in particular addressing sensory and communication needs. All in a way that empower communities to take ownership of their own health	1.6.1: Increase awareness and uptake of council support services for those most in need e.g. winter grant (placeholder)	Health Inequalities Taskforce	April Peberdy/Catherine Greaves	ongoing	Services that are commissioned around council support from Autumn 2022 have a service specification with a clear health inequalities focus and a proportionate universalism approach.	100%	n/a	n/a	[Green]			This has been achieved for the commissioning of the Core DA Service (04.23 contract) and the Be Well this Winter outreach service
	1.6.2: Develop Digital Inclusion Champions (specific actions around recruitment and numbers in place)	BOB ICB (Berks West)	Andy Ferrari		Number of champions in West Berkshire, Geographical areas covered, communities of interest	Top 5 most deprived wards covered						There is some work ongoing around digital literacy related to use of the NHS app but this project falls outside of the scope of the team's current role. They would be happy to be involved to support this and recommend speaking to Oxfordshire who are leading some positive work on this.
	1.6.3: To improve support and both awareness of and access to services with diverse ethnic communities through the support agency Educafe. Weekly community café.	Human Resources	Susan Powell	Weekly café	Attendance at cafe. Number of services/partners attending weekly							Educafe hold weekly community café's at Newbury Library. These offer an inclusive opportunity for communities to connect and signpost to support; cafes are ongoing.
	1.6.4: Develop a Whole Systems Approach to Physical Activity. • Undertake system workshops • Develop system map • Physical activity strategy	ICP (Prevention Board)	Brett Nichols	Mar-23	Number of workshops. Development of Physical activity system map. Development of physical activity strategy	2 workshops	[Green]	[Green]	[Amber]		[Amber]	Q3: System Mapping workshops delivered and a map produced. Now looking to present findings to the Berkshire West Public Health team to get buy-in and understand strategic direction.
	1.6.5: Undertake a dental review to understand current provision and identify recommendations for action - Utilising results of the British Dental Survey 2022/23	BOB ICB (Berkshire West), Healthwatch West Berkshire	Sarah Webster, Fiona Worby	Dec-22	To be developed		[Red]	[Red]	[Red]		[Red]	Sarah to understand work ongoing across BOB with regards to Dental improvement actions and will ensure West Berks is represented in that work.
	1.6.6: Focus on CVD prevention • Pilot of BP kiosks across West Berkshire • Targeted approach to NHS Health checks with at risk groups	Communities and wellbeing (PH), ICP Prevention Board	April Peberdy/Catherine Greaves	ongoing	Number of kiosks Utilisation of kiosks (evaluation) Targeted NHS Health checks delivered	3 kiosks 80% of overall	[Amber]	[Amber]	[Amber]		[Amber]	Kiosk evaluation to be finalised with Reading Public Health colleagues. Service Specification for the universal NHS Health Check service delivered by Primary Care has a proportionate universalism commissioning approach i.e. higher tariff for NHS Health Checks completed for residents in groups disproportionately impacted by CVD. A highly NHS Health Check outreach service is due to be commissioned in Spring 2023, subject to Berks West DPH and PH Consultant sign-off.
Priority 2 - Support individuals at high risk of bad health outcomes to live healthy lives												
2.1: Raise awareness and understanding of dementia and ensure support for people who have dementia is accessible and in place for	2.1.1: Improve Dementia diagnosis rates (partnership work with the ICP)	Mental Health & Learning Disability Board, Berkshire West	Niki Cartwright	Dec-22	Diagnosis rates for Dementia	65% (April 22) 67% (Sept 22)	66.70% [Green]	62.50% [Amber]			[Amber]	Sept figures stand at 59%. We are currently undertaking a data cleanse that is estimated to add 200 more patients to the list bringing the performance up to 62.5%. Targeted work with individual practices continues to improve the diagnostic rate.

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							2022/23				RAG Status	
Objective	Description	Owned by	Contact	Timescale	Indicator	Target	Q1	Q2	Q3	Q4	RAG Status	Commentary
them and their unpaid carers	2.1.2: Support the development of Memory Café provision across West Berkshire	Dementia Friendly West Berkshire (DFWB), Age UK	Sue Butterworth / Viki Rowland	Dec-22	Development of model template Provision across West Berkshire	Model developed and implemented to open two new memory cafes this year.						DFWB is a commissioned services funded by PH&WB. Plans to extend the service to 31.3.2025 are in progress
	2.1.3: Engagement with partners to continuously update and expand the Dementia friendly West Berkshire Website	Dementia Friendly West Berkshire	Sue Butterworth / Viki Rowland	Ongoing	Visits to website. Feedback from Partners	Increase on previous	536 visits to website	607 visits to website	494 visits to website			
	2.1.4: Induction training on Dementia to be undertaken for all Adult Social Care Staff: Event to be held with existing staff to raise awareness. Will be recorded as a webinar for future new staff	Dementia Friendly West Berkshire, Adult social care	Sue Butterworth / Viki Rowland	Dec-22	Event held with existing Adult Social Care staff. Webinar to be incorporated into induction training for new staff	Attendance at event. Feedback						Working with Hannah Cole with two events scheduled for 10th & 24th May 2023 at Shaw House
	2.1.5: Work with local businesses in West Berkshire to raise awareness of role with the community, along with role as an employer for those who are unpaid carers	Carers Strategy Group	Hannah Cole		Number of organisations & businesses that are members of Dementia friendly West Berkshire Number of Dementia Friendly businesses,							Membership of DFWB has increased to 32 active members although this has been driven by DFWB. It will be really helpful to understand the work that Carers Strategy group are doing around this too and how we can work together. Going forward it will be good to invite representative SB to the Carers strategy group meetings. **Carers Strategy Group:** New Provider we are working with: Reading and West Berkshire Carers Partnership. Our partners comprise of Age Up Reading, Age UK Berkshire, Reading Mencap and Comminicare.
	2.1.6: Develop a promotional campaign for the Reading Well books available in West Berkshire Libraries, linking with Empathy day.	Communities and Wellbeing (Public Health) and Libraries teams)	April Peberdy / Jacqueline Cooper	Jun-22	Delivery of promotional campaign No of books No. of books issued	One TBC TBC	1 36 148	1 36 149	1 36 122			Reading Well for Dementia booklist included in general Reading Well promotions on Libraries social media in April and May (Q1), July and September (Q2) and November (Q3 - latter focusing on e-books). Also specific social media promotions for the Reading Well for Dementia books in December (Q3). All 36 titles are in stock in West Berkshire Libraries. (Number of copies varies at any given point but usually at least two.)
2.2: Work together to ensure that the Dementia pathway is robust, including pre-diagnosis support, improving early diagnosis rates, rehabilitation and ongoing support	2.2.1: Engagement event to understand the person's experience and Journey (Placeholder - tbc)	Healthwatch (Wokingham) Berkshire West CCG			To be developed	TBC						
	2.2.3: Care home support for residents with Dementia: Medication reviews Managing behaviour changes Reduce levels of depression (Placeholder action)	BOB ICB (Berkshire West)	Helen Clark	TBC	To be developed	To be developed						Not currently in any work programmes. Need to scope this, not an agreed action.
	2.2.4: Improve the access to and quality of Annual reviews in GP practices to ensure community and partner support for people with dementia (annual health check improvement plan)	Mental Health & Learning Disability Board Berkshire West , BOB ICB (Berkshire West)	Helen Clark	Ongoing	Proportion of people with dementia receiving an annual GP check. Impact of annual review in improving access to services	To be developed						Not currently in any work programmes. Need to scope this, not an agreed action.

							2022/23					
Health and Wellbeing Strategy Delivery Plan 2022-2025												
Objective	Description	Owned by	Contact	Timescale	Indicator	Target	Q1	Q2	Q3	Q4	RAG Status	Commentary
	2.2.5: Commission a Befriending and sitting service for people with more advanced dementia and their unpaid carers	Dementia Friendly West Berkshire, Age UK	Sue Butterworth / Viki Rowland		(Subject to funding approval)		9 carers supported	10 carers supported	12 carers supported			Plans to extend this commissioned service to 31.3.25 are in progress. The service is performing well with excellent feedback from clients supported. Due to the nature of living with dementia clients leave and join the service more frequently than a regular befriending service.
	2.2.5: Develop a journey for people with dementia pre and post diagnosis (service transformation – Berkshire West) Identify key stakeholders for working group Review pathway to identify gaps Review Clinical and non-clinical pathway. Engage service users and carers in development of proposals	Mental Health & Learning Disability Board Berkshire West , Supported by Dementia Friendly West Berkshire ASC VCS	Andy Moody / Sue Butterworth / Viki Rowland / Niki Cartwright	TBC	Establishment of working group							Discussions are ongoing between WBC PH & ASC & health to look to reconvene the Berkshire West Dementia Steering group. In the meantime Health colleagues to provide update please. Historically this was being looked at by the Berks West Dementia Partnership - in it's absence : Clinical pathway -Lajla Johannsson will pick up the dementia work. Non Clinical Pathway - DFWB worked with Michelle Berry (Reading BC) to map the Non Clinical Pathway for Berks West. Michelle left at start of summer, leaving DFWB to undertake testing with PWD & Social Prescribers. Once capacity allows testing to complete it will be added to DFWB website. Aim to launch World Alzheimer's Day in Oct.
2.3: Improve identification and support for unpaid carers of all ages	2.3.1: Use findings from the Carers Strategy Survey to understand gaps in support. - Including questions on accessing covid-19 vaccine and barriers encountered	Carers Strategy Group	Hannah Cole	Oct-21	Number of PwD and carers supported weekly	25						We have not specifically asked carers about any difficulties they encountered regarding accessing covid 19 vaccine. We do not have this information to hand. We aim to capture this information going forward from our new providers (Reading and West Berkshire Carers partnership).
	2.3.2: Embedding new process for online referrals of Young carers and ensuring all partners are aware. • Social media promotion	Young Carers	Laura Taylor	Ongoing	Numbers of referrals	N/A						The website has a good landing page to highlight what young carers do as well as the online referral form. New infographics and flyers are being created ready to go live with to further promote the service. New ways to gather data on the outcomes for Young Carers is currently being discussed.
	2.3.3: Raise awareness of young carers. • Engagement with partner agencies. • Advice and information sessions with schools. • Young carers groups at schools. Re-establish young carers champions	Young Carers	Laura Taylor	Ongoing	Number of schools engaged with. Young carers champions	No target set						Due to a change in worker and the need to recruit a second worker, no direct work with schools has taken place yet. This will be shared via the Early Help Conference in December. Young Carer Champions will be reintroduced early 2023 once staffing levels allow this work to be done.
2.4: Work with partner agencies to promote the health and wellbeing of unpaid carers	2.4.1: Update the Health top tips leaflet for carers	Carers Strategy Group	Hannah Cole	Dec-21	Leaflet completed. Distribution	N/A						Information within Carers Hub Leaflet
	2.4.2: Review and refresh the Carers Strategy Action plan	Carers Strategy Group	Hannah Cole	Dec-21	Actions as will be contained within the plan	N/A						In the process of updating the Action plan
	2.4.3: Continue to provide access to respite services on an as needed basis	Adult Social Care Carer's Strategy group	Hannah Cole	Ongoing	Numbers of carers accessing respite	N/A	438	236				Regular clients on our core service 323, Emergency respite 115 = 438
	2.4.3: Using the young carers dashboard to continuously review engagement with services and outreach to new attendees	Young Carers	Laura Taylor	Ongoing	Number of new young carers identified	N/A	42	29	25			Most new referrals for Young Carers come via the LA through the Early Response Hub. Assessments are completed in a timely manner with activities and clubs offered to those who meet criteria. Mentors are also in place for more complex families
	2.4.4: Use feedback from young carers to inform and expand the activities on offer: online form	Young Carers	Laura Taylor	Ongoing	Number of responses to online form. New activities offered	No target set	0	0	0			There is currently no method in place to gather quantitative feedback, but qualitative feedback is given verbally from YC to staff. This needs to be recorded more effectively and frequently and will improve as new staff are employed.

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	2.4.5: Recruit volunteers to 1-1 mentoring role to work with young carers with particular challenges	Young Carers	Laura Taylor	Ongoing	Increase in mentor numbers. Increase in young carers supported	No target set	0	0	0			Due to staffing levels, recruitment activity on volunteers is currently low. Methods of free recruitment are being explore with Newbury Volunteer Bureau.		
2.5: Reduce the number of rough sleepers	2.5.1: Continue to work together to prevent rough sleeping and reduce the number of people who do sleep rough (Implementation of the Homelessness and Rough sleeping strategy)	Homelessness Strategy group	Fidelis Ukwenu	,2025	Number of people sleeping rough	< 2								
2.6: Improve the mental and physical health of rough sleepers and those who are homeless through improved access to local services	2.6.1: Increase GP registration among rough sleepers and those in temporary accommodation: work with CCG to develop a process for registration (placeholder)	Local Integration Board (Homelessness Strategy group), SE inequalities board,	Fidelis Ukwenu	Dec-22	Process in place for registering	TBC						There has been a big national push to ensure homeless people are able to register with a GP regardless of proof of address/ ID. There is also no notable number or pattern of inquiries going into the ICB reporting difficulties. A leaflet has been shared with LA Housing colleagues for wider circulation to homeless applicants and VCS. Also link to the Safe Surgeries toolkit. Although it does refer to immigration status the focus is on not insisting on proof of address/identification to register.		
	2.6.2: Increase dental registration among rough sleepers and those in temporary accommodation: work with CCG to develop a process for registration (placeholder - to be determined)	Homelessness Strategy group, SE inequalities board,	Fidelis Ukwenu	Year 1	Process in place for registering	N/A								
	2.6.3: Adoption of the Serious Case Review Protocol	Homelessness Strategy group	Fidelis Ukwenu	Mar-22	Adoption of protocol	N/A								
	2.6.4: Develop a clear process from admission through to discharge from hospital settings, to ensure homeless patients are discharged with somewhere to go with support in place (placeholder)	Local Integration Board, Homelessness Strategy Group, SE inequalities board	Fidelis Ukwenu		To be developed	TBC						Hospital Discharge Policy shared and reviewed , housing leaflets have been placed in elective wards at RBH and Rough Sleeper Prevention Officer has been put in contact with Therapy Lead at RBH.		
2.7: Prevent, promote awareness and provide support to those who have experienced domestic abuse	2.7.1: Continue to implement the action plan from the Local Domestic Abuse Strategy 2020-2023 to meet identified aims	West Berkshire Domestic Abuse Board (BCTP)	Jade Wilder	Refresh due in 2023	Action plan	Action plan fulfilled by 2023						On track - Domestic Abuse Board continue to oversee Strategy and Action Plan.		
	2.7.2: Implement the new Domestic Abuse Safe Accommodation Strategy 2021 – 23 and accompanying action plan	West Berkshire Domestic Abuse Board (BCTP)	Jade Wilder	To be combined with full DA Strategy as part of refresh in 2023	Needs identified being met through action plan	Action plan fulfilled by 2023						On track - DA Board continue to oversee and monitor at bi-monthly meetings. Various pieces of work have been commissioned/undertaken to date.		

								2022/23					
Objective	**Description**	**Owned by**	**Contact**	**Timescale**	**Indicator**	**Target**	**Q1**	**Q2**	**Q3**	**Q4**	**RAG Status**	**Commentary**	

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Objective	Description	Owned by	Contact	Timescale	Indicator	Target	Q1	Q2	Q3	Q4	RAG Status	Commentary
	2.7.3: Local needs assessment: need and demand for accommodation based support for all victims	West Berkshire Domestic Abuse Board (BCTP)	Jade Wilder	Every 3 years (next due 2023)	Less gaps in services identified	N/A						On Track - A full needs assessment is required every three years but a refresh is required on an annual basis to review any change in provision. Therefore, funding has been allocated towards commissioning a consultant to undertake the needs assessment refresh. The consultant will also be responsible for combining our Domestic Abuse Strategy 2020-23 and Domestic Abuse Safe Accommodation Strategy 2021-23. Documents are being drafted to commission a consultant which will go live on Intend - deadline 20 Feb - procurement board not required due to amount being below threshold.
	2.7.4: Review of performance data to identify areas for improvement, opportunities to increase service provision, develop training	West Berkshire Domestic Abuse Board (BCTP)	Jade Wilder	Quarterly	Discussions at DAB. Increase in reporting of DA. Further training opportunities offered for 2022/23							On Track - Domestic Abuse Board regularly review datasets at each bi-monthly meeting. There has been an increase in DA recently which TVP have reviewed and one of the explanations to this is that there is an increase in reporting.
	2.7.5: Establish a Lived Experience subgroup to inform decision making and system change	West Berkshire Domestic Abuse Board (BCTP)	Jade Wilder	Quarterly	Voices/view captured and reported into DAB							Completed - Lived Experience Group established and operational for over 6 months. This group reports into the Domestic Abuse Board.
	2.7.6: Number of multi-agency staff trained in Domestic Abuse Awareness and Domestic Abuse Champions Training	BCTP	Jade Wilder	Quarterly	Number of individuals trained	8 - 15 per session	0	9	15			During Q1 no DA training took place due to trainer sickness. During Q2, 1 DA Awareness training took place. During Q3, 1 DA awareness training took place and a second DA awareness was cancelled.
2.8: Support people with learning disabilities, engaging with them and listening to them through working with voluntary organisations	2.8.1: Work with Voluntary Community Sector organisations to improve access to health checks for those with learning disabilities. Improve the quality of health checks for those with Learning disabilities	Berkshire West CCG NHSE	Niki Cartwright	Annual	% of individuals receiving a health check	67% (target for 2020/21). AHC LTP target is 75% (14+)						
	2.8.1: Implement Positive Behaviour Support across Health and Social care	BOB ICB (Berkshire West)	Niki Cartwright	Oct 2021 - April 2022	4 levels of training to be delivered	?						First programme has been delivered and evaluated. HEE has awarded funding to extend training programme for another year targeted at children and young people.
	2.8.3: Enhanced delivery of a Work and Careers Fair - including participation by local schools and supporting the work on employment opportunities for people with learning disabilities	Skills and Enterprise Partnership (working with MP Laura Farris)	Iain Wolloff	Annual	Delivery of event. Attendance. Feedback	40		800	800			The second annual Work & Careers Fair (the 'Destinations Expo') was successfully delivered on 13th October 2022 at Newbury College. Over 800 young people from local secondary schools attended, with around 50 employers and other organisations exhibiting. There was a strong focus on careers for students with disabilities, with over 100 attending and all employers attending a briefing on supported employment. The EBP projected managed the event, with financial support from the Greenham Trust. A second event is now being planned for October 2023.

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	2.8.4: Extension of the "Delivering Life Skills" Programme, delivered by the EBP.	Skills and Enterprise Partnership	Iain Wolloff	Jul-22	Delivery of programme attendance Feedback from young people and schools	60 young people attending the DLS programme		163	163			The H&WB approved funding for this programme, which was delivered in secondary schools by the EBP. All sessions were completed by July 22, with 163 participants. A further funding bid for 22/23 has now been approved by the HWB Board.
2.9: Increase the visibility and signpost of existing services and improve access to services for people at higher risk of bad health outcomes	2.9.1: Promote alternatives to admission through increased support for people in the community: • Commission an all age IST • Green light toolkit • Post diagnostic support (Placeholder – work in development)	Berkshire West CCG BHFT (toolkit)										
	2.9.2: Reduce waiting times for Autism and ADHD Diagnosis: current demand being assessed to plan for workload capacity (placeholder)	BOB ICB (Berkshire West), BHFT	Niki Cartwright	TBC	TBC	TBC						Investment made recurringly; activity has doubled over last 12 months
	2.9.3: Re-development of the Health and Wellbeing Board engagement group and ongoing maintenance of the engagement toolkit	HWB engagement group		Jun-22	Promotion of the engagement toolkit Engagement events Annual HWB conference held	TBC						The Engagement Group still does not have a Chairman following the departure of Kamal Bahia.
	2.9.4: Create a stakeholder map our current Community and Voluntary sector partners who are working with those at higher risk of bad health outcomes	Communities and Wellbeing	April Peberdy	Dec-22	Completion of the network map	N/A						
	2.9.5: Promote awareness and access to the West Berkshire Directory, ensuring that the information within it is kept up to date	HWB engagement group	Kirstie Rainbow / Jessica Monteith-Chachuat	Ongoing	Hits to Website. (?demographic indicators/targets)	TBC						Phil Rumens providing access to Google Analytics
	2.9.6: Maintaining signposting and connections to community support functions by undertaking a review of strategic signposting (including the West Berkshire Directory)	Communities and Wellbeing	April Peberdy	Mar-23	Review completed. New digital offer in place	N/A						Review West Berks Directory undertaken by BCT team. The process did not result in receiving any successful bids. Paper to procurement board recommending extension of existing contract for a further year whilst alternative options are explored. New Action owners identified for this next phase of work.

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Objective	Description	Owned by	Contact	Timescale	Indicator	Target	Q1	Q2	Q3	Q4	RAG Status	Commentary
	2.9.7: Pilot aDoddle map - to include community groups. Feedback on map and use	Communities and Wellbeing	April Peberdy	Sep-21	Local community groups created a profile for their organisation, including information about their services Group data uploaded rated as green Volunteering opportunities enhanced Asset based community development supported	75% 75%	27 groups on the map 5 awaiting final edits and upload 13 in discussion with groups to develop profile		46 groups on the map		(green)	Pilot successfully completed and report taken to CFPB with agreement received to continue to work with communities to support the map. Now also being used to map and promote the Warm Spaces across West Berkshire. Further promotion of the map planned for Jan 23.
	2.9.8: Use targeted paid adverts on social media to improve knowledge and awareness of services, tips and advice about health and wellbeing (placeholder)	Communities and Wellbeing	April Peberdy	Dec-22	To be developed	TBC						
Priority 3 - Help families and children in early years												
3.1: Work to provide support for parents and carers, during pregnancy and the early years to improve personal and collective resilience using research and good practice	3.1.1: Map the current offer for support to parents and carers from all services	CDG (1001 DAYS)	Nerys Probert	Mar-22	Mapping of provision completed	N/A						3.1.1, 3.1.2, 3.1.4, 3.1.5 are the same (albeit slightly different wording) as line 88 (3.2.2) therefore action owner would recommend deleting these.
	3.1.2: Undertake evidence review of current antenatal classes	CDG (1001 DAYS)	Nerys Probert	Mar-22	Evidence review completed	N/A						
	3.1.3: Promote antenatal classes for expectant parent and improve access	CDG (1001 DAYS)	Nerys Probert	Mar-22	No. of antenatal classes. No. of attendees. Demographics of those attending							
	3.1.4: Raise awareness of and improve access to parenting support (both 1-2-1 and group support)	CDG (1001 DAYS)	Avril Allenby	Mar-22	No. of support classes available. No. of attendees. Feedback		(green)		(green)		(green)	60 plus attendees at group or 1 to 1 sessions. Managers report on a quarterly basis providing figures feedback and a case study.
	3.1.5: Introduce parental emotional regulation courses for parents (placeholder)	Communities and Wellbeing (PH)	April Peberdy	TBC	Number of courses Number of families	1 (12 sessions) 50 families						indicator being reviewed by the Children's Delivery Group Q3
3.2: Ensure families and parents have access to right and timely information and support for early years health. Working with midwifery, Family hubs, healthy visiting and school nursing	3.2.1: Implementation of the new PHE Healthy Child Programme and Berkshire West 0-19 service (placeholder)	Communities and Wellbeing (Berkshire West)		Apr-22	Antenatal midwifery notifications to HV service	100%						
	3.2.2: Implement 1001 Days project work: • Mapping of core delivery across services. • Produce an infographic for families and services demonstrating core offer • Map targeted offer across services	CDG (1001 DAYS)	Avril Allenby	Mar-23	Mapping completed. Infographic completed Distribution of infographic via partners	N/A	(green)	(green)			(green)	Mapping exercise completed with engagement sessions with services and partners. Infographic in draft form ready for consultation with a group of users.
	3.2.3: Promote breastfeeding (placeholder)	CDG (1001 DAYS)	Nerys Probert/Avril Allenby	Jun-23	Increase Breastfeeding rates at 6 - 8 weeks	TBC (Subject to funding approval)	(green)		(green)			28 given 1:1 support, 12 Antenatal, Educafe 4, the remaining 12 seen at groups where support is offered, phone or text conversations. 16 feedback forms received.

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							2022/23					
Objective	Description	Owned by	Contact	Timescale	Indicator	Target	Q1	Q2	Q3	Q4	RAG Status	Commentary
	3.2.4: Create a stakeholder map of our current Community and Voluntary sector partners who are working with families and children in the early years	Communities and Wellbeing (CDG)	Sam Shepherd/ Avril Allenby	Dec-22	Completion of network map	n/a						New app launched called "50 Things to Do Before You Are 5" which helps signpost young families to local support, alongside giving ideas for engaging children.
	3.2.5: Expand the Dolly Parton Imagination library provision (placeholder)	CDG	Avril Allenby	tbc	Number of children supported	150	🟧	🟧			🟧	This has been introduced as part of the new 0 - 19 Public Health Nursing (Health Visiting and School Nurse) contract which started on 1st April 2022 but reporting on this will not commence until q1 2023.
3.3: Increase the number of two year olds (who experience disadvantage) accessing nursery places	3.3.1: To establish a named Health visitor for each EY setting taking vulnerable 2 years olds	Communities and wellbeing (CDG)	Avril Allenby	Mar-23	% of EY settings with named HV	100%	🟧	🟧			🟧	As above
	3.3.2: Monitor the proportion of reviews that are carried out jointly. Ideally this review (2 – 2.5 years) should be integrated with the Early Years Foundation Stage progress check at 2 years	CDG	Nerys Probert/ Avril Allenby	Mar-23	Proportion of 2 – 2.5yr reviews that are carried out jointly (no target set)	No target						
	3.3.3: Consistent marketing across all sectors, Midwifery, HV, EY, Family Hubs (placeholder)	CDG	Avril Allenby				🟩	🟩	🟩		🟩	Good joined up approaches. Delivery of services alongside in Family Hubs. Use of social media. 1001 Days Infographic task group.
3.4: Ensure that our early years setting staff are trained in trauma informed practice and care, know where to find information or help and can signpost families properly	3.4.1: Undertake an evidence review of trauma informed training, including cost-analysis	CDG	Nerys Probert	Jun-22	Evidence review completed	n/a						
	3.4.2: Establish training programme with Early Years providers. (to link to introduce EY ELSA target)	CDG	Avril Allenby	Dec-22	% of EY providers offering training. % of staff trained	TBC	🟩	🟩			🟩	The first round of Early Years Elsa work is completed and the review report is being drafted. There are plans for securing a second round of funding to support a further delivery to settings.
	3.4.3: Develop support materials and supervision documentation for EY settings.	CDG	Avril Allenby	Jun-22	Completion of support materials. Number of EY providers using materials		🟩	🟩			🟩	Documentation in draft and going out for trial and consultation.
3.5: Publish clear guidelines on how families can access financial help, tackling stigma around this issue	3.5.1: Map out current provision for financial support for families, including childcare costs	CDG	Avril Allenby	Jun-22	Mapping completed	n/a	🟩	🟩			🟩	Family Hub staff working closely with local voluntary sector to ensure that local support is provided and signposted. Childcare provision and costs available on the West Berkshire Directory. Telephone and email support available during working day.
	3.5.2: Raise awareness of support services available through the Family hubs	CDG, Communities and wellbeing	Avril Allenby	Jun-22	Number of financial support services published on the West Berkshire directory		🟩	🟩			🟩	Professionals guide available to services and voluntary sector providing information on Family hub delivery. Social media used to highlight current awareness.
	3.5.3: Undertake focused engagement to ensure that provision and needs are identified from parent groups and across areas in West Berkshire	CDG	Avril Allenby	Jun-22	Number of focus groups. Demographics of attendees. Consultation report	3 To include under-represented groups	🟩	🟩			🟩	All Family Hubs have established parent/carer engagement groups. The annual survey has been revisited and amendments made to provide greater scope for feedback and development of services.
Priority 4 - Promote good mental health and wellbeing for all children and young people												

								2022/23					
							Q1	Q2	Q3	Q4			
Objective	Description	Owned by	Contact	Timescale	Indicator	Target						RAG Status	Commentary
4.1 Enable our young people to thrive by helping them to build their resilience	4.1.1: Health and wellbeing in schools programme: 1. Health and Wellbeing in Schools Award 2. The Public Health and Wellbeing Health and Wellbeing in Schools programme. 3. Living Well workshops for parents (to improve family health literacy) 4. Living Well ? Healthy Me Passports	Communities and Wellbeing (Public Health)	Paul Graham	Sep 21 - Jul 22	1. No. of schools taking up offer. 2. Universal programme 3. Number of children with a passport 4. Number of workshops	1. % of schools completing who sign up or target of 5 per year. 2. Universal offer 3. Every Year 5 & 6 child in West Berkshire - these will be redeveloped next financial year	1. 1, 3. Being developed in 23/24 . Being developed for 23/24	1.3	1.5				
	4.1.2: Number of local primary schools who have received a Life Education Performance	CDG	Denise Sayles	Apr-22	Number of schools	12							
	4.1.3: Develop a promotional campaign for the Reading Well books available in West Berkshire Libraries, linking with Empathy day	Communities and Wellbeing (led by Libraries teams, supported by Public Health)	Jaqueline Cooper	Jun-22	Delivery of campaign No. of books available No. of books issued		1 27 80	1 27 117	1 27 76				As part of general Reading Well promotions on Libraries social media in April and May (Q1), July and September (Q2) and November (Q3 - latter focusing on e-books). Also specific social media promotions for the revised Reading Well for Teens books in December (Q3). Please see details in 5.3.3 re Empathy Day promotions in Libraries. All 27 titles are in stock in West Berkshire Libraries. (Number of copies varies at any given point but usually at least two.) This booklist was revised by The Reading Agency during the year and older titles were still in stock throughout Q1-Q3.
	4.1.4: Develop and expand the Young Health Champions programme	Communities and Wellbeing (Public Health)	Paul Graham		Number of champions recruited. Number of young people reached.	21/22 - 50. 22/23 - 30 per year	11	0 (11 cumulative)	7 new 18 cumulative				Target updated to 30 per year for 2022/23
	4.1.5: Implement the Recovery curriculum RSH through provision of a suite of resources and workshops for pupils in primary and secondary schools (placeholder – tbc)	Communities and Wellbeing (Public Health)	Paul Graham	Dec-23	To be developed	TBC							This work was not funded and therefore has been deleted from the Delivery Plan.
4.2: Aim for early identification of those young people in greatest need, or at risk of developing a mental health condition	4.2.1: Creating a single access and decision-making arrangement across the delivery Partnership	Berkshire West ICP Children's programme Board	BHFT	Oct-21	Existing access and referral arrangements realigned into a single Berkshire west approach	Completed Sept 2022							Scoping exercise undertaken that will inform the review of CAMHS. The indicator should be described as "no wrong door".

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							2022/23					
Objective	Description	Owned by	Contact	Timescale	Indicator	Target	Q1	Q2	Q3	Q4	RAG Status	Commentary
	4.2.2: Building a formal Delivery Partnership arrangement. a) A single access and decision-making point that all delivery aligns to b) A joint communication approach and set of tools that explains to CYP, parent and carers, schools, and primary care colleagues how to access support and the type of response and offer they can expect c) A joint workforce development programme.	Berkshire West ICP Children's Programme Board		TBC	Berkshire West event in Spring 22	Aligned Commissioning model June 2022						This needs to reflect new priorities for LTP.
	4.2.3: Meeting the COVID surge demand as it arises	CCG		Mar-22	Meeting three weekly to address need, beginning in August 2021.							
4.3: Use evidence to support interventions at the individual, family and community levels to prevent and reduce the risk of poor mental health	4.3.1: Create a stakeholder map of our current Community and Voluntary sector partners who are working on mental health and wellbeing for children and young people	Communities and Wellbeing (CDG)		Dec-22	Completion of network map	n/a						
	4.3.2: Be Well Campaign	MH & LD Board		Jun-22	Number of engagements/unique users with new website, by local authority Number of visitors providing feedback on Be Well website Regular emoji feedback rating % of visitors from each category (e.g. 4-11 year olds, 12 – 17 years olds and 18 to 25 year olds)	Baseline % of West Berkshire residents TBC TBC						
	4.3.3: Continuing temporary contract during Covid for Kooth (online support)	Berkshire West ICP Children's Programme Board	Niki Cartwright	Ongoing	Standard Kooth indicators	No formal target but offered to give YP a choice of services						Contract has been extended till end of December whilst scoping of future provision is being undertaken.
	4.3.4: Addressing gaps in access and service offer due to inequalities. (cohorts LGBTQ+, Ethnically diverse groups, Learning Disabilities)	Berkshire West ICP Children's Programme Board	Niki Cartwright	Mar-22	Plan for data and monitoring improvement April 2022	Plan for data and monitoring improvement April 2022						CSW commissioned to undertake

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							2022/23					
Objective	Description	Owned by	Contact	Timescale	Indicator	Target	Q1	Q2	Q3	Q4	RAG Status	Commentary
	4.3.5: Tackling the waiting times in both specialist/ Core CAMHs for access and interventions in key areas: anxiety, depression, Specialist CAMHS, Autism and ADHD.	Berkshire West ICP Children's Programme Board	Niki Cartwright	Mar-22	Create a 2 year investment plan with BHFT for Core CAMHs to cover. 2022 ? 2024	Plan delivered March 2022	🟩	🟩	🟩		🟩	Investment plan in place for ASD/ADHD assessments and funding agreed to expand workforce . External contracts with Psychiatry UK also in place through BHFT.
	4.3.6: Meeting the Eating Disorder waiting times for response to referrals.	Berkshire West ICP Children's Programme Board	Niki Cartwright	Sep-21	Local Berkshire Protocol	Protocol in place by end of 21/22.	🟧		🟧		🟧	Recruitment to posts remains the biggest challenge. If fully recruited to then demand would be met. Looking to recruit GP with Special Interest to undertake physical check and link with Primary Care.
	4.3.7: Mobilising a Community Home treatment offer 24/7 access standard for Crisis cases required locally to meet our 24/7 response commitment in the NHS long term plan	Berkshire West ICP Children's Programme Board	Niki Cartwright		Go live with phased offer January 2022, full workforce mobilisation March 2022	24/7 access for crisis cases	🟩	🟩	🟩		🟩	Fully recruited to and CYP 111 element is being piloted as part of the model
4.4: Support a Whole School Approach to Mental health, embedding wellbeing as a priority across the school environment	4.4.1 Mobilising 2 further Mental Health Support Teams in schools. Newbury. Reading (South & East)	Berkshire West ICP Children's Programme Board	Niki Cartwright	Oct-22	MHST teams established	2 new MHSTs	🟩	🟩	🟩		🟩	Teams now fully mobilised. Celebration event postponed due the death of Her Majesty Queen Elizabeth.
	~~4.4.2: Recruit Young Health Champions in Schools~~	~~CDG~~	~~Paul Graham~~	~~Jul-22~~	~~Number of schools engaged~~	~~Year 1 - 3 schools 10 YHC per school~~ ~~Year 2 - 3 schools 10 YHC per school~~						See 4.1.4 for details. Deleted as duplication.
	4.4.3: ~~Run Living Well Workshops for Year 7 students.~~Xeeate PSHE resources for KS3 and KS4 students to support schools' PSHE delivery	CDG	Paul Graham	Jul-22	~~Number of workshops~~ Number of schools engaged Feedback from attendees	~~TBC~~ 5 resources per year	2 PSHE podcasts created		2 (4) PSHE4you podcasts created		🟩	On target for 5 resources this year
4.5: Support the mental health and wellbeing of looked after children and care leavers	4.5.1: Co-production of an 'In-reach' bespoke service for Children in Care. (placeholder)	Berkshire West ICP Children's Programme Board, Berkshire West local authorities	Niki Cartwright	Apr-23	To be scoped	To be scoped	🟩	🟩	🟩		🟩	Service is in mobilisation phase with approx. 50% of establishment recruited to. Full Launch planned for April 23.
4.6: Expand our trauma informed approach among formal and informal service providers	4.6.1: Develop a trauma informed strategy for West Berkshire. mapping exercise. options appraisal for TI training across BOB	West Berkshire Children's Delivery Group, ICS Children's Board	Andy Sharp	Dec-22	To be agreed by Dec 2021 Mapping exercise and Options Appraisal Completed (feedback needed re ICS proposals for BOB and timescales on actions)							The BW ICP Children's Group closed this as an area of work following the options appraisal on the basis that there are a range of approaches being undertaken within the patch that contain trauma informed elements and therefore a single approach wouldn't be appropriate. The Berkshire West Safeguarding Children Partnership however have recently discussed this as being an area of focus and activity for them and this is likely to form part of the business plan for the BWSCP in the future.
	4.6.2: Expand the provision of Therapeutic Thinking training for all school staff	WB Education service		Dec-22	Number of schools engaged Reduced number of suspensions Reduced (FTEs) permanent exclusions Reduced number of Alternative provision Reduced number of SEND specialist placement							

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Objective	Description	Owned by	Contact	Timescale	Indicator	Target	2022/23 Q1	Q2	Q3	Q4	RAG Status	Commentary
	4.6.3: Provide Therapeutic Thinking Training for Children's Services staff	West Berkshire Children's Service	Lucy Hilyard	Dec-22	Number of staff trained Feedback from attendees		(orange)	(orange)			(orange)	138 primary colleagues; 53 secondary colleagues, 69 LA colleagues of which 14 CS's colleagues have trained as tutor trainers with access to TT eLearning platform to train their teams, supporting a common language with each other, schools, pupils and families. 100% of participants rated the training good or very good and articulated how it will improve their work with partners.
4.7: Improve the process for transition to adult mental health services	4.7.1 (placeholder) Additional Reimbursement Role (ARRs) placed in a strategic primary care network that has a 16 plus focus	BHFT	?				(green)	(green)	(green)		(green)	PM now in place and first mobilisation meeting with stakeholder steering group in November.
	4.7.2.Pilot a managing emotions programme -a psychoeducational course designed to support people who experience intense emotions that are difficult to manage.	BHFT	?		In Partnership with local VCS		(green)	(green)	(green)		(green)	This pilot has been extended to enable a more comprehensive evaluation of the model.
	4.7.3. Work through the community mental health framework implementation model to test how to target and meet mental health needs of care leavers,	BOB ICB	Niki Cartwright									New pilot is mobilising for 16-25 year olds to provide support to Care Leavers and other vulnerable young adults. This will interface with the Adult MH Transformation Programme.
	4.7.4.Ensure clinical pathways review findings are focused on the transition from CYP to Adult Pathways	RBH	?									
	4.7.4. Ensure models are trauma informed	BOB ICB	Niki Cartwright				(green)	(green)	(green)		(green)	Continuing to embed trauma informed approaches is a priority for the refreshed Children and Young People's Mental Health Local Transformation Plan 2022-24.
	4.7.5. A place focused (School focused or community focused) pilot, including the role of alternative education		?									
	Dedicated 16-25 transitions worker within CYP Substance Misuse services	West Berkshire Council Public Health team	Denise Sayles	New contract beginning April 2022	Worker in place							
Priority 5 - Promote good mental health and wellbeing for all adults												
5.1:Tackle the social factors that create risks to mental health and wellbeing, including social isolation and loneliness	5.1.1 Ensure residents have access to financial support and advice (e.g. benefit entitlement, debt advice, unemployment)	Mental Health Action Group	Adrian Barker	Ongoing	Number of clients supported by CAB Number of clients referred to CAB by social prescribers	As per specification	(green)	(green)	(green)		(green)	Stakeholder workshop held in September 2022 to look at the financial issues for people with mental health issues and starting to look at solutions.
	5.1.2: Supporting new residents to West Berkshire with a sense of belonging and awareness of local services	Mental Health Action Group	Adrian Barker	Ongoing	Number of new residents to West Berkshire	50% of new residents	(green)	(green)	(orange)			Webpage has been completed. The next phase is to promote the webpage across the district and monitor hits on the webpage.

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							2022/23				RAG Status	
Objective	Description	Owned by	Contact	Timescale	Indicator	Target	Q1	Q2	Q3	Q4		Commentary
	5.1.3: Work with the Homelessness Strategy Group to understand gaps and/links to poor mental health and wellbeing (e.g. reason for eviction)	Homelessness Strategy Group	Fidelis Ukwenu	Jun-22	Gaps identified in service provision % of homeless people reporting being support with their mental health (place holder)	As per Homeless Strategy Group KPI's						
	5.1.4 Raise awareness of resources and interventions that help to address mental health and wellbeing and related issues (e.g. rural isolation and loneliness) to residents, community groups and key stakeholders	Mental Health Action Group Ageing Well	Adrian Barker	Dec-22	Number of mental health z cards distributed Number of entries inputted onto aDoddle (community mapping tool) Number of hits on West Berkshire directory	One per household 20 organisations 10% increase from baseline	[Green]	[Green]	[Green]		[Green]	Z cards updated again and a further 5,000 cards have been ordered. 3,000 for schools and 1,000 for west Berkshire foodbank, 50 to Newbury Soup Kitchen, 100 to West Berkshire Suicide Prevention Action Group. We have also provided some to Healthwatch and the new Be Well this Winter service.
	5.1.5: Create a tool which allows policymakers to examine the impact of their proposals and decision making on mental health	Public Health and Wellbeing	Rachel Johnson	Dec-22	Health in all policies tool complete	N/A						Project started in public health and wellbeing as per section 1.3 above.
5.2: Work with local communities, voluntary sectors and diverse groups to rebuild mental resilience and tackle stigma	5.2.1: Utilise opportunities to promote existing mental health resources/services at local resident engagement events (e.g. educate)	Public Health and wellbeing	Rachel Johnson		Number of organisations provided with information	5+ per quarter			[Amber]			We recently provided resources to the Patient Information Point at West Berkshire Community Hospital.
	~~5.2.2 Through the surviving to thriving fund, enable local organisations to provide support and develop services that improve mental health and wellbeing of West Berkshire residents~~	Mental Health Action Group	Adrian Barker	~~Mar-22~~	~~Number of beneficiaries Amount of funding awarded Key outcomes for beneficiaries~~	~~Baseline >£300k TBC~~	[Green]	[Amber]	[Green]		[Green]	
	~~5.2.3: Develop a new mental wellbeing campaign (Be Well) to connect people from all backgrounds with local support and reduce stigma~~	?	?	~~Jun-22~~	~~Number of engagements/unique users with new website, by local authority~~ ~~Number of visitors providing feedback on Be Well website~~ ~~Regular emoji feedback rating~~ ~~% of visitors from each category (e.g. 4-11 year olds, 12 – 17 years olds and 18 to 25 year olds)~~	~~Baseline~~ ~~% of West Berkshire residents~~ ~~TBC~~ ~~TBC~~	[Grey]	[Grey]	[Grey]	[Grey]	[Grey]	

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							2022/23					
Objective	Description	Owned by	Contact	Timescale	Indicator	Target	Q1	Q2	Q3	Q4	RAG Status	Commentary
	5.2.4: Run regular service users engagement events to ensure the continuous improvements of local services e.g. Thinking Together	Mental Health Action Group	Adrian Barker	Mar-23	Number of Thinking Together events held Number of service users attending events % service users and % professionals in attendance	As per service specification/ funding agreement	🟧	🟧	🟧		🟧	The next thinking together event with young people is to be run with Berkshire Youth, has been postponed until at least March 2023.
	~~5.2.5: Commission Public awareness training sessions on a range of mental health issues including:~~ ~~self esteem~~ ~~anger management~~ ~~bereavement~~ ~~coping with redundancy~~ ~~coping with relationship breakdown~~ ~~sleep~~ ~~Death and dying~~	~~Communities and Wellbeing~~	~~Rachel Johnson~~		~~Number of sessions~~ ~~Number of attendees~~ ~~Feedback~~							This work has not been funded and therefore has been deleted from the Delivery Plan. Funding for an alternative project on death literacy is currently being explored.
	5.2.6: Ensure services are responsive to the needs of vulnerable and marginalised groups in society, e.g. socioeconomically disadvantaged, ethnically diverse communities	Mental Health Action Group	Adrian Barker	Dec-22	TBC	TBC	🟧	🟧	🟧			Links to 5.1.1.
	5.2.7: Commission a range of public bite-sized awareness training sessions or on a range of life events that can impact mental health and wellbeing (e.g. including but not limited too; self-esteem, anger management, grief and bereavement, coping with redundancy coping with relationship breakdown, sleep death and dying)	Communities and wellbeing (public health)	Rachel Johnson	Feb-22	Number of sessions, Number of attendees, Feedback	As per service specification						Links to 5.2.5.
5.3: Recognise the importance of social connection, green spaces and different cultural contexts for mental wellbeing. Increase social prescribing by promoting access and signpost to activities that promote wellbeing	5.3.1 Establish a Creative Health Alliance to improve the availability and promotion of arts and cultural activities			Apr-23	Terms of reference developed, Number of meetings, Number of new members	N/A, At least once per quarter, As per terms of reference						
	5.3.2. Support the creation of activities and initiatives that enable people to connect with nature and greenspace to improve their wellbeing	Ageing Well Sub Group	April Peberdy		Project officer – nature for health recruited Number of people taking part in health walks	N/A, Baseline	165	220	241			Project Support Officer, Nature for Health in post. Summer drop in Sessions at Shaw House raised beds have run in August and Autumn programme promoted. Working in Partnership with Sovereign and Community Matters on another project for the autumn. Drop in sessions continue to run at Shaw House Q3. Consider putting the number of people taking part in health walks under a different indicator.

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									2022/23			
Objective	Description	Owned by	Contact	Timescale	Indicator	Target	Q1	Q2	Q3	Q4	RAG Status	Commentary
	5.3.3: Develop a promotional campaign for the Reading Well books available in West Berkshire Libraries, linking with Empathy day (June 2022)	Communities and Wellbeing (led by Libraries teams, supported by Public Health)	Jacqueline Cooper	Jun-22	Delivery of campaign No. of books available No. of books issued		1 158 483	1 158 684	1 158 475			General Reading Well promotions on Libraries social media in April and May (Q1), July and September (Q2) and November (Q3 - latter focusing on e-books), plus a specific campaign in May (Q1), prior to Empathy Day, which focussed on the resources available for adults, young adults and children respectively on different days. Given the requirement for Libraries to focus on activities for the Queen's Platinum Jubilee celebrations, no activities were arranged for Empathy Day itself, although social media promotions by Empathy Lab UK were shared on Libraries social media Prior to this, a general message relating to books for empathy was developed with Public Health for the Libraries 'Message of the Month' in May. This was used on Libraries social media on several occasions throughout the month, in posters in all libraries and images on library kiosks, and featured in the Libraries May customer newsletter. All 158 titles from the 5 Reading Well booklists are in stock in West Berkshire Libraries. (Number of copies varies at any given point but usually at least two.) In addition, the titles from the older edition of the Reading Well for Teens list were still in stock throughout Q1-Q3.
5.4: Improve access to, quality and efficiency of services available to all who need them, including improved digital offerings for those who can and prefer to use them	~~5.4.1: Create a 10 year mental health strategy (placeholder)~~		~~Adrian Barker~~	~~Dec-22~~	~~Strategy approved by the Health and Wellbeing Board~~	~~N/A~~						Matt Pearce removed the need for a separate mental health strategy after discussion at MHAG.
	5.4.2: Completion of Adult Mental Health Needs Assessment and regularly review other sources of data e.g. residents survey	Communities and wellbeing (Public Health and Wellbeing)	Adrian Barker	Mar-23	Mental health needs assessment completed and published	N/A						Interviews have been conducted and are being written up with key themes to be included within the needs assessment.
	5.4.3: Provide welcome packs to target people moving home or new to West Berkshire (e.g. resource pack focusing on Health and Wellbeing)	Mental Health Action Group, Public Health and Wellbeing	Adrian Barker	Jun-22	Welcome packs developed Process for distribution identified	N/A						Need to establish how this differs from 5.1.2.
	5.4.4: Develop and promote a range information and tools to support transition across the life course (e.g. birth, school, college/ university, employment, moving house, marriage, divorce/ separation/ widow, bereavement) through Be Well (or similar platform).	Mental Health Action Group	Adrian Barker	Apr-22	Number of resources produced	One per quarter						
5.5: Work with professionals in workplaces and other settings; using a preventative approach to break down the barriers between mental and physical health	5.5.1: Support small businesses to promote mental health and wellbeing practices in workplaces (e.g. mental health awareness training, the Mental Health at Work Commitment)	Public Health and Wellbeing, Skills and Enterprise Partnership	Rachel Johnson / Iain Wolloff	Aug-22	Number of relevant training courses held Number of businesses adopting mental health policies (placeholder)	As per service specification						The SEP and MHAG chairs worked with Rachel Johnson and Elisabeth Gowens (WBC Public Health and Wellbeing) to offer MH training for SMEs. Unfortunately, there has been no take-up of the offer by SMEs, but the programme is being delivered for voluntary organisations. In addition to the email and social media marketing of the training, the DWP are also now promoting the offer to employers.

Health and Wellbeing Strategy Delivery Plan 2022-2025												
							2022/23					
Objective	Description	Owned by	Contact	Timescale	Indicator	Target	Q1	Q2	Q3	Q4	RAG Status	Commentary
	5.5.2: Increase uptake of annual health checks for people with serious mental illness and ensure appropriate behavioural support is available e.g. smoking cessation and weight management services	Berkshire West ICP Mental Health and Learning Disabilities Programme Board Mental Health Action Group	Niki Cartwright	Mar-23	% of people on GP SMI registers in receipt of all six elements of SMI health checks (by GP practice and overall number)	As per NHS KPIs	[Amber]	[Amber]	[Amber]		[Amber]	MHAG is monitoring progress and providing any advice and support it can. Percentage of those registered with SMI receiving all six elements of the SMI health check is increasing but still not clear if or when it will reach the national target of 60% by the end of the year. The Community Support Service with Oxfordshire Mind is now operational. This is a pilot support PCNs to reach patients who are difficult to reach. Performance is monitored monthly and support given to practices that are behind with their trajectories.
	5.5.3: Develop and implement a universal mental health education training and delivery package around mental health crisis.	Berkshire West ICP Mental Health and Learning Disabilities Programme Board, Mental Health Action Group	Niki Cartwright		Current training models reviewed Training schedule completed Number of people completing the course by organisation	N/A	[Green]	[Green]	[Green]		[Green]	This has been completed by Terry Simpson from SCAS. He is presenting this resource to the Berkshire Suicide Prevention Group in Autumn 2022. This piece of work is now being rolled out across the Thames Valley.
	5.5.4 Commission services to support people who are in contact with mental health services to find or stay in work (Supported Employment Strategy)	Skills and Enterprise Partnership	Iain Wolloff	Jan-23	Employment rates between working age adults in contact with mental health services and the general population.	Baseline	[Green]	[Green]	[Green]		[Green]	The SEP does not have a specific role in relation to the commissioning of services, but this is achieved through WBC's commissioning of Groundwork (for adults) and Ways into Work (for young people). As reported above, it is planned that the SEP will review this work at its next meeting.
5.6: Improve access to support for mental health crises and develop alternative models which offer sustainable solutions	5.6.1: Evaluate the pilot crisis café: Breathing Space (delivered across Berkshire West)	Berkshire West ICP Mental Health and Learning Disabilities Programme Board	Niki Cartwright	Apr-22	Evaluation complete	N/A	[Amber]	[Amber]	[Green]		[Green]	Breathing Space launched in September 2021 and extension into West Berkshire in April 2022. Funding has been allocated to fund an external evaluation. This is currently being agreed.
	5.6.2: Implement and deliver the priorities of the new Berkshire Suicide Strategy		Tracy Daszkiewicz	Jan-23	Operational delivery plan produced	N/A						
	5.6.3 Raise awareness of the issue of suicide, its causes and sources of help to those affected by either feeling suicidal or bereaved as a result of suicide.	West Berkshire Suicide Prevention Action Group	Garry Poulson	Apr-22	Number of organisations contacted	10 per quarter	[Green]	Target Exceeded	Target Exceeded			Our last course was delivered on Tuesday 10th January for front line voluntary sector workers from listening charities. Our worker is presently updating her Mental Health First Aider qualification. Next Suicide First Aid Course booked for 28th February 2023 for face to face at Broadway House, and we are actively making bookings. She will attend CPD events and Tutor drop-in sessions to keep her Suicide First Aid Tutor qualification current. She keeps in regular contact with Garry Poulson for supervision and a fellow Tutor for de-briefing and continuing support.

West of Berkshire
Safeguarding Adults Board
Reading, West Berkshire & Wokingham

West of Berkshire Safeguarding Adults Partnership Board

Annual Report 2021-22

If you would like this document in a different format or require any of the appendices as a word document, contact Lynne.Mason@Reading.gov.uk

Message from the Independent Chair

I am delighted to introduce this Annual Report for the West of Berkshire Safeguarding Adults Board 2021/2022. This has been my first year as the Independent Chair of this Board and it has been a pleasure to see the dedication and commitment of staff from across a range of sectors including the formal, informal, and voluntary sector, all committed to providing the very best health and social care possible.

This has not been an easy task; indeed, it has rather been a Herculean task. The impact of the Covid pandemic did not cease in 2021/ 2022. We saw a reduction in deaths and serious illness caused by the virus, but the legacy of the virus has left us with a health and social care sector stretched at times to the very limit (and occasionally beyond all normal limits). Staff have had to deal with high sickness rates and the emotional burden of caring for people through the pandemic, and this emotional and physical toll should not be underestimated.

Given this background I am delighted to be able to report that the Board continued to function well during this time and this report demonstrates the commitment and work output of its members in their responsibilities to ensure that adults receive safe and appropriate health and social services in its area. The Board has undertaken several safeguarding reviews and published their various learning points to help improve future practice. We have also held a strategy review day to help refine the priorities of the Board. One of our planned intentions is to review and pilot a rapid review process for safeguarding adult reviews. The aim here is to ensure that lessons learnt are reported in a timelier way, and in particular to prevent the process of a review dragging on for the relatives of a family member whose death is being reviewed. We hope to be able to report on the progress and implementation of this action next year.

There are other developments that we are engaging with such as reviewing our communications strategy and our engagement with service users and their carers. I trust you will have confidence in the actions and workings of the Board within your community that we seek to serve.

Finally, I would like to personally thank the Board staff and Board members, firstly for making me feel so welcome as your Chair, but more importantly for all your hard work and dedication in the area of Safeguarding Adults. It is an area that is rapidly growing and developing in terms of scope and scale, and you continue to respond with energy, wisdom and tenacity. It is a privilege to work alongside such dedicated people in our commitment to prevent and protect adults at risk of abuse and neglect.

Prof Keith Brown
Independent Chair, West of Berkshire Safeguarding Adults Board

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Concerned about an adult?

If you are concerned about yourself or another adult who may be being abused or neglected, in an emergency call the Police on 999.

If you think there has been a crime but it is not an emergency, call the Police on 101 or contact Adult Social Care in the area in which the person lives:

- Reading - call 0118 9373747 or email at CSAAdvice.Signposting@reading.gov.uk or complete an online form
- West Berkshire - call 01635 519056 or email safeguardingadults@westberks.gov.uk or complete an
- online form
- Wokingham call 0118 974 6371 or email Adultsafeguardinghub@wokingham.gov.uk or complete an online form

For help out of normal working hours contact the Emergency Duty Team on 01344 351 999or email edt@bracknell-forest.gov.uk

For more information visit the SAB's website: http://www.sabberkshirewest.co.uk/

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Introduction

What is the Safeguarding Adults Board?

The West of Berkshire Safeguarding Adults Board (SAB) covers the Local Authority areas of Reading, West Berkshire and Wokingham. The SAB is made up of local organisations which work together to protect adults with care and support needs at risk of abuse or neglect. Mandatory partners on the SAB are the Local Authorities, Berkshire West Clinical Commissioning Group [1] and Thames Valley Police. Other organisations are represented on the SAB such as health services, fire and rescue service, ambulance service, HealthWatch, probation and the voluntary sector. ***A full list of partners is given in [Appendix A](#) and the SAB structure in [Appendix B](#).***

We work together to ensure there are systems in place to keep adults at risk in the West of Berkshire safe. We hold partner agencies to account to ensure they are safeguarding adults at risk and promoting their well-being. We work to ensure local organisations focus on outcomes, performance, learning and engagement.

Who do we support?

Under the Care Act, safeguarding duties apply to an adult who:
- Is experiencing, or is at risk of, abuse or neglect; and
- As a result of their care and support needs, is unable to protect themselves.

Our vision

Adult safeguarding means protecting people in our community so they can live in safety, free from abuse and neglect.

Our vision in West Berkshire is that all agencies will work together to prevent and reduce the risk of harm to adults at risk of abuse or neglect, whilst supporting individuals to maintain control over their lives and make informed choices without coercion

What is safeguarding adults?

Safeguarding adults means protecting others in our community who at risk of harm and unable to protect themselves because they have care and support needs, regardless of whether or not they are receiving support for these needs. There are many different forms of abuse, including but not exclusively:
- Disability hate crime,
- Discriminatory,
- Domestic,
- Female genital mutilation (FGM),
- Financial or material,
- Forced marriage,
- Hate crime,
- Honour based violence,
- Human trafficking,

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[1] As of the 1st July 2022, BWCCG was legally dissolved and has been replaced by a new organisation: Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)

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- Mate crime,
- Modern slavery,
- Neglect and acts of omission,
- Organisational,
- Physical,
- Psychological,
- Restraint,
- Self-neglect,
- Sexual,
- Sexual Exploitation,

Changes to our membership

In 2021-22 we saw some significant changes in our membership, we said thankyou and goodbye to Patricia Pease (MBE) who has represented the Royal Berkshire NHS Foundation Trust so effectively for many years and we said thankyou and goodbye to Teresa Bell, who has been the SAB's independent chair for five years and welcomed Professor Keith Brown who takes on the role of independent chair from April 2022. We also welcomed Jane Barnett who joined as our Business Support Officer.

Message from Teresa Bell: "I *want to thank the partnership for being such a great group of people to work with over the last 5 years. I have learned and gained so much from working with you in this role and I believe that together we have achieved many good things in these most difficult times. Thank you for your support, commitment, and tenacity in making this large partnership work. I know that with Keith as your new Independent Chair, the Board will continue to progress well in its aims to achieve the best safeguarding outcomes for people in the West of Berkshire."*

About our new Independent Chair

Professor Keith Brown was the founding Director of the National Centre for Post Qualifying Social Work and Professional Practice, and he is an Emeritus Professor at Bournemouth University where the social work department was ranked number 1 in the UK in the 2020 Guardian League Table. He is the series editor for the Sage /Learning matters post qualifying social work series which has sales more than 150,000 in the past 10 years.

In 2005 Keith was awarded the Linda Ammon memorial prize sponsored by the Department for education and skills awarded to the individual making the greatest contribution to education and training in the UK. He was awarded a Chartered Trading Standard Institute [CTSI]' Institutional Hero' award in 2017 recognising the significance of his research into financial fraud and scams. He sits on the DHSC safeguarding advisory board, the joint DHSC and MOJ National Mental Capacity Leadership forum and the Home Office Joint Financial task force.

He has also recently published an All Party Parliamentary Report looking at financial fraud within families and he continues to lead research into this area.

Keith has written over 35 textbooks in the fields of social work and leadership and is particularly known for his contributions in the areas of Mental Capacity and Leadership.

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Since his retirement from a full time academic post, he has been the Independent Chair of the NHS Safeguarding Adults National Network, the Independent Chair of the Worcestershire Safeguarding Adults Board and the Chair of Love Southampton a body that represents 3 food banks and 4 debt advice centres in Southampton.

His recent appointment as Independent Chair of the West of Berkshire Safeguarding Adults Board is something that he is passionate about. *"It's a simply wonderful opportunity to work with highly skilled professionals and community representatives in order to ensure that citizens in the West of Berkshire have every possible opportunity to live lives free from abuse and coercion."*

Safeguarding Adults Policy and Procedures

Berkshire Safeguarding Adults Policy and Procedures are used in the West of Berkshire and their purpose is to support staff to respond appropriately to all concerns of abuse or neglect they may encounter: https://www.berkshiresafeguardingadults.co.uk/

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Number of safeguarding adult concerns 2021-22

We have spent a lot of time considering safeguarding adult concern numbers over the year.

The chart below demonstrates, in 2021-22 the total number of safeguarding concerns for individuals started in period - per 100,000 population, has increased by 36% in the West of Berkshire, when comparing with 2020-21. This increases further to 77% when compared with 2019-20 figures.

It is important to note that this indicator will only count an individual once during the reporting period and therefore does not account for any multiple safeguarding concerns raised for individuals over the year, therefore the number of safeguarding concerns received is much higher than this outturn.

A total of 6955 safeguarding concerns were logged by the local authorities in 2021-22, a 48% increase when compared with 2020-21 and a 122% increase when compared with 2019-20.

Reading Borough Council and Wokingham Borough Council log all safeguarding concerns that are received as safeguarding concerns. In response to capacity issues, West Berkshire Council made the decision in this reporting year to make changes to the process of screening and recording safeguarding concerns raised by emergency service partners where the concern was clearly not related to a safeguarding matter. Those concerns were triaged in the normal way, but where they were clearly unrelated to any safeguarding matter they were not logged as a formal safeguarding concern reported under the statutory framework; the concerns, were forwarded to appropriate teams and services for action as a social welfare concern. It is acknowledged that this change in process will skew comparisons to the 2020/21 data and increase the percentage rate of conversion for West Berkshire Council.

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The table below demonstrates the increase of safeguarding concerns, safeguarding enquiries and conversion rate between safeguarding concern and enquiry over the last three years by local authority.
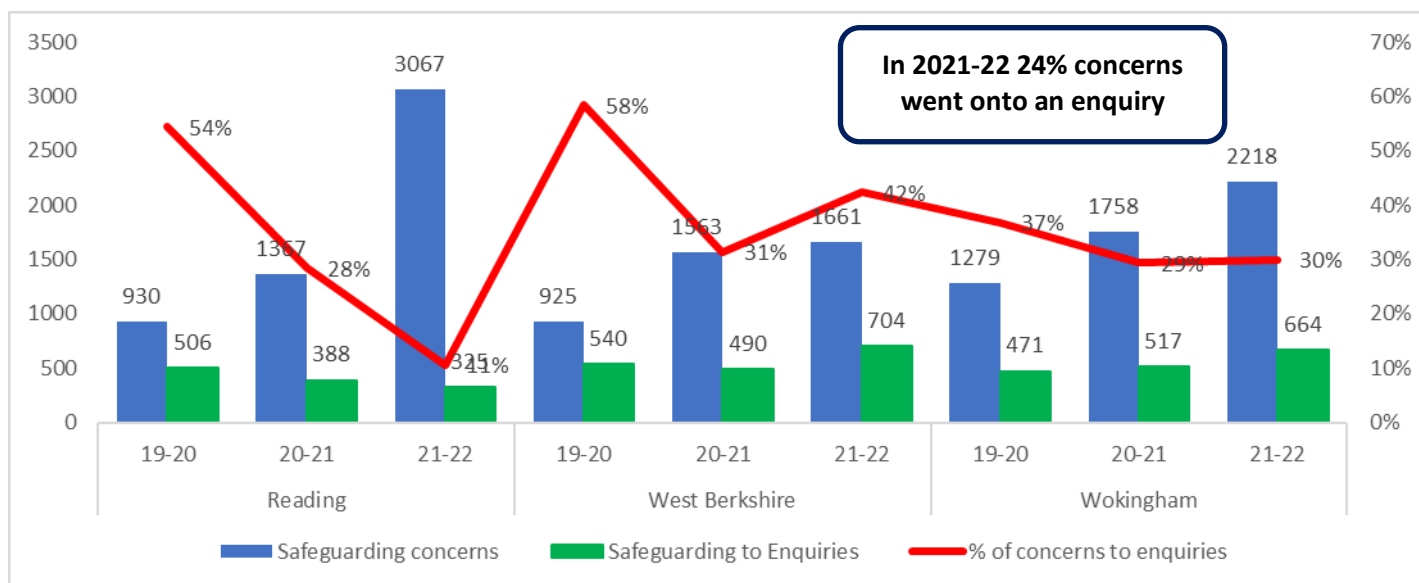
Whilst it is evident that there has been a significant increase in the number of safeguarding concerns raised that do not meet the criteria for a safeguarding enquiry it is important to note that the number of safeguarding enquiries across the partnership started in 2021-22 has increased by 21% when compared with 2020-21. Whilst West Berkshire Council and Wokingham Borough Council saw an increase (44% and 28%) Reading Borough Council have seen a 16% decrease.

In 2021-22 there were a total of 1693 safeguarding enquiries started
335 by Reading Borough Council
704 by West Berkshire Council
664 by Wokingham Borough Council

The significant increase in out of scope safeguarding concerns has been identified as a risk on our Risk and Mitigation Log and there is an action on our Business Plan for 2022-23 to address this issue. Local authorities report that they are overwhelmed with screening the safeguarding concerns which is causing delays in responding to actual safeguarding concerns.

In December 2021 in response to the 21/22 Business Plan action: *'review safeguarding concern numbers with local authority comparator groups and report findings to SAB for consideration'* we considered a report looking at number of safeguarding concerns and the percentage that went onto enquiry over the last three years (18-19 ,19-20, 20-21), and compared outturns with the local authorities CIPFA[2] nearest neighbour comparator groups. It was identified that whilst there has been an increase in the number of safeguarding concerns there has been a decline in the percentage of safeguarding concerns that resulted in a safeguarding enquiry. This suggests that the increase in safeguarding concerns seen is mainly attributed to the changes in recording practices in each local authority and an increase in out of scope referrals.

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[2] Chartered Institute of Public Finance and Accountancy

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Data on safeguarding concerns is carefully considered by the performance and quality subgroup on a regular basis.

Trends across the area in 2021/22

- 56% of enquires were in relation to women, this is consistent with previous years.

- 63% of enquiries relate to people over 65 years in age, this is consistent with 2020/21.

- 84% of enquires were for individuals whose ethnicity is White, this is an increase from 2020/21 where it was 80%. The ethnicity of the remaining 16% of individuals is as follows: Not Known 7%, Asian 3%, Black 2%, Mixed 2%.

- In February 2022 the Performance and Quality Subgroup spent some focused time considering our ethnicity data. The subgroup was of the view that based on the demographics of the West of Berkshire the safeguarding concerns by ethnicity were within an acceptable range and will review this information on an annual basis.

- As in previous years neglect and acts of omission was the most frequent abuse type, equating to 33% of enquiries. This was followed by physical, psychological or emotional abuse and financial abuse. Domestic abuse, self-neglect and discriminatory abuse types have all seen a 20% increase when comparing with 2020/21.

- For the majority of enquiries (40%), the individual primary support reason was physical support. This was following by no support reason (26%), there is no change from 2020/21.

- 63% of enquiries completed were where the alleged abuse took place in the persons own home, this is a slight drop from 20/21 where it was at 69%. There has been a 77% increase in enquiries completed where the location of abuse was in hospital, equating to a total of 94 enquiries. Care Homes also saw and increase of 36%, equating to a total of 403, in 20/21 this had dropped due to the restrictions set in care homes during the pandemic.

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Risks and Mitigations

Challenges or areas of risk that have arisen during the year are recorded on our risk register, along with actions to mitigate the risks. These are some of the potential risks that we have addressed:

Risk	Consequence/Impact	Mitigation
The SAB does not know how individuals experience the safeguarding adults process. Adults with care and support needs and their carers have no involvement or engagement with the SAB.	Safeguarding adults procedures and practices are not informed by people's experiences. Lack of community understanding to inform the work of the SAB.	Voluntary Care and Healthwatch Subgroup, is in place where service user experience is considered in detail.
People who raise safeguarding concerns do not receive feedback	Impaired partnership working.	KPI in place to monitor percentage of referrers that receive feedback. Reading Borough Council are currently unable to supply this information. Assurance provided to the Performance and Quality Subgroup that plans are in place to address this.
There is inconsistent use of advocacy services to support adults through their safeguarding experience.	The voice of the service user is not heard. Service user's wishes and holistic wellbeing are not understood or prioritised	Advocacy performance is monitored on SAB dashboard. Advocacy services are members of the SAB.
Responsibilities under the Mental Capacity Act (MCA) 2005 are not fully understood or applied in practice as a safeguard for people who may lack capacity.	Significant harm to adults as risk.	Safeguarding Adult Reviews (SARs) and intelligence continue to evidence that the workforces responsibilities under the MCA is not fully understood. MCA continues to be embedded within SAB learning material.
There are capacity issues within the supervisory bodies to obtain timely DoLS[3] assessments and provide appropriate authorisation.	Risks that vulnerable people do not have the opportunity to live within the least restrictive regime possible for their condition.	Data is reported on SAB Dashboard. Performance around DoLs escalated to SAB in December 21. West Berkshire and Reading Borough Council confirmed backlog that will continue for some time due to capacity of DoLS assessors.

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[3] Deprivation of Liberty Safeguards

Risk	Consequence/Impact	Mitigation
Governance arrangements to support people who have Mental Health issues are not fully understood	Significant harm to adults as risk.	Governance report presented to SAB on a six monthly basis to offer assurance on the governance arrangements.
Safeguarding People at risk of multiple exclusion, due to not meet safeguarding or care management pathways.	This is not a new issue but has been exacerbated as a result of the pandemic, as people have been brought to the attention of services that wouldn't have previously been before.	Launched Supporting Individuals to Manage Risk and Multi-Agency Risk Management Framework (MARM). In July 2020. Research paper presented to the SAB on the effectiveness of the MARM Task and Finish Group set up to review and relaunch the MARM, due to be completed in 22/23.
Lack of access to closed environments during the pandemic.	The SAB are not assured that individuals within closed environments are safeguarded due to restrictions of the pandemic.	Assurance sought during the pandemic via assurance questions and priority on organisational safeguarding has been agreed.
Increase of inappropriate safeguarding concerns.	Capacity in the local authority safeguarding teams will be impacted on capacity will be limited to address appropriate safeguarding concerns.	Discussed in detail at SAB meetings, action set in 2022/23 SAB Business Plan.
The increase on carers stress because of the pandemic.	Increased risks to carers and the individuals they are care for.	A paper was discussed at SAB where members were required to consider and implement appropriate changes within their organisations. Promoted the ADASS Advice note 'Carers and Safeguarding Adults' briefing.
Staff wellbeing as a result of the pandemic	Reduction in staff being able to identify and respond to safeguarding concerns.	Partners approaches to staff wellbeing during the pandemic was referred to in SAB assurance questions.

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Risk	Consequence/Impact	Mitigation
The impact the pandemic has had on domestic abuse	People are more at risk of domestic abuse because of the measures put in place as a result of the pandemic, the partnership will need to consider how its approach will need to be adapted.	Safeguarding figures suggested that there had not been a significant increase in Domestic Abuse during the pandemic. However, the partnership continues to promote Domestic Abuse and ways in which to identify and support.
The SAB is not complying with its Quality Assurance Framework.	That the SAB do not have assurance in regard to the quality of safeguarding in its area.	In 2021/22 the SAB priorities focused on key learning topics from SARs and the quality assurance around those topics. In the 2022/23 Business Plan an action has been set for the performance and quality subgroup to review and relaunch the SAB Quality Assurance Framework.

Achievements through working together

Our priorities for **21/22** and outcomes to those priorities were:

Priority 1: To consider SAB learning in regard to self-neglect; to understand what more we need to do to ensure that our ways of working with people who are self-neglecting are consistent and effective in mitigating and preventing risks.

- A self- neglect appreciative inquiry was completed, and the findings report presented to the SAB.
- Training offers from the partnership on self-neglect was researched and findings report presented to the SAB.
- Key Performance Indicators on self-neglect were created and added to the SAB performance dashboard.
- Agreed the need for guidance on self-neglect for the voluntary sector was required.
- Research paper presented to the SAB on the effectiveness of the partnerships Supporting Individuals to Manage Risk and Multi-Agency Risk Management Framework (MARM). Task and Finish Group set up to review and relaunch the MARM, due to be completed in 22/23.

Priority 2: To consider SAB learning in regard to pressure care management and understand what the partnership needs to do to ensure that our way of working with people at risk of pressure sores is consistently of best practice standard.
- A presentation on a positive outcome on working with a complex case involving pressure care management, was delivered to the SAB. This is in the process of being turned into a video and practice learning note for the SAB website so the learning can be shared further.
- Key Performance Indicators on pressure care management were considered by the performance and quality subgroup, where it was determined that it would not be possible to collect meaningful data on pressure care management as it is not identified as a type of abuse and could cross over several abuse types.
- Work on a report focusing on how partners raise awareness in regard to pressure care began and was completed and presented to the SAB in June 2022.
- Identified that the issues the partnership are facing in regard to pressure care fall within the SABs self-neglect priority and its learning around professionals' approach to the MCA.
- A full review of the Pressure Ulcer Safeguarding Pathway was completed and relaunched.
- Agreed that the SAB should support national pressure awareness campaigns.

Priority 3: To consider SAB learning in regard to organisational safeguarding and identify what the partnership need to do to transform our way of working with provider agencies to promote and ensure good quality, safe and consistent standards of care.
- As the SAB Business Plan was designed as a 3 year business plan from 21-24, no progress was made on priority 3, the priority has been reworked for the business plan for 22/23.

Priority 4: The SAB will continue to carry out the following business as usual tasks in order to comply with its statutory obligations.
- A SAB briefing was published on a 3-monthly basis, copies of the briefings can be found here.
- A review of the SAB Dashboard was completed and continues to be considered in detail by the Performance and Quality Subgroup and presented to the SAB on a quarterly basis.

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- Safeguarding concern numbers were reviewed with Local Authority comparator groups and the findings were presented to the SAB for consideration.
- Annual report for 20/21 was published.
- Followed the SAR process as per statutory requirements including publication of practice notes and development and management of SAR Action Plans.
- Delivered bitesize learning sessions on SARs published by the SAB.
- Continued to develop the SAB website.
- Created and published a safeguarding escalation plan for the partnership.
- Maintained Pan Berkshire Safeguarding Adults Policies and Procedures and hosted the meetings for 21/22.
- Ensured that the SAB costs remained within budget.

More information on how we have delivered these priorities can be found in the following:
- Additional achievements by partner agencies are presented in Appendix C.
- The completed Business Plan 2021-22 is provided in Appendix D.

Further information on the achievements of partners is presented in the annual reports by partner agencies in **Appendix F** at the end of this report**.**

Safeguarding Adults Reviews (SARs)

The SAB has a legal duty to carry out a SAR when there is reasonable cause for concern about how agencies worked together to safeguard an adult who has died, and abuse or neglect is suspected to be a factor in their death; or when an adult has not died but suffered serious abuse or neglect. The aim is for all agencies to learn lessons about the way they safeguard adults at risk and prevent such tragedies happening in the future. The SAB has a SAR Panel that oversees this work.

During the reporting year, the SAR Panel have worked on six SARs of which all were endorsed by the SAB and four were published alongside a practice learning note. Practice learning notes are two-page documents that summarises the case, the learning and summarises best practice in key learning areas. The practice learning notes have been well received across the partnership and are used to highlight SAR learning in team meeting and training sessions. It is now standard practice to hold virtual bitesize learning events to promote the learning from SARs, in this year 2 sessions have been held with 231 delegates. The feedback from these sessions was extremely positive.

The SAB plans to publish the other two SARs 2022/23. Valuable learning has emerged from all SARs and has fed into the SABs priorities and Business Plan for 2022/23. The SAB continues to recognise the large workload for the SAR Panel and meetings continue to be held monthly.

The SAB continues to adapt its approach to SARs and a priority has been set for the SAB for 2022/23 to review its SAR process, in order to ensure that it is timely and good value for money.

The SAR Panel continually seek feedback its processes and offer opportunities for the workforce to observe SAR Panels to support their understanding of the process, feedback from observers has been positive.

SAR Process Feedback received: "I must admit I have been worrying about this as I have never been involved in one before but you have a really calming way and made it easier for me so thank you" this quote was used on a practice learning note to support professionals who may be involved in a SAR in the future.

The case summaries and the learning from the four SARs that have been published are as follows:

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Margaret
Published April 2021

Practice learning note

Margaret a lady in her nineties, lives alone in sheltered accommodation which she moved into after a serious fall. There has been a steady decline in Margaret's physical and cognitive abilities over the last few years. Margaret has two sons who visit around twice a week and support with her shopping. Prior to the incident described in this learning summary, Margaret was in receipt of three calls a day from a care agency and visited a day centre once week. This was commissioned by the Local Authority.

Margaret's first language is not English but she can speak it fluently. Over time communication started to become increasingly difficult between Margaret and professionals, as Margaret will often revert back to speaking her first language. In accordance with her wishes Margaret has no formal diagnosis to her cognitive impairment. Prior to the incident Margaret was known to all services as being a heavy smoker.

Health and Social Care professionals were aware that Margaret was a heavy smoker, and of her physical and cognitive decline, but missed opportunities to identify and respond to the risks that this posed to Margaret and others living in the accommodation block.

A carer visiting Margaret on a morning call reported to their office that Margaret had sustained burns to her arms, chest, hand and face and there was evidence of a fire in the property. Learning has been identified in regard to the professional response to Margaret's injuries, which contributed to there being delays in Margaret getting the medical attention that she required.

Lessons

It is not clear how or when Margaret received her injuries, as Margaret has been unable to communicate this. It is thought that these burns were due to smoking. This SAR concluded that the key learning for the partnership is around identifying and responding to fire risks.

- Agencies held information in relation to Margaret's smoking. There is a need to ensure that all agencies are aware of the requirement to identify, and respond to potential fire risks, for individuals, and members of the public, and to escalate when appropriate.
- Improve working relationships between Housing Associations and Health and Social Care, in order to ensure that risks are identified and addressed appropriately.
- When multiple agencies are involved in supporting an adult at risk there should be a joined up and robust risk assessment to deliver a coherent multi-agency response.
- For all Health and Social Care agencies to access the training offered via the Royal Berkshire Fire and Rescue Service through its Adults at Risk Programme.
- An interpreter could have been considered to support Margaret with her communication difficulties.

Ken
Published July 2021

Ken was a white British man in his late 70's, who lived with his wife Ava and they had two adult daughters. Ken had complex health needs and was terminally ill. Ken's wishes were to die at home or if this was not possible he asked to go to a hospice.

The majority of the last six months of Ken's life were spent in hospital, Ken sustained pressure damage, exacerbated by his refusal of appropriate equipment and care. Ken passed away in hospital.

A number of professionals across the partnership worked with Ken, however this work was conducted in a compartmentalised way. A multi-agency approach may have better supported Ken and his family in their decision making during this difficult time.

In response to Ken's death, the West of Berkshire Safeguarding Adults Partnership Board commissioned a thematic Safeguarding Adult Review (SAR) comparing and contrasting findings and recommendations with five other SARs published by the SAB, which also included learning around pressure care management.

Findings

- **Clear accountability and coordination** Support of people with complex needs requires care management that demonstrates clear professional accountability and active coordination. Ken and his family would have benefited significantly from the appointment of a named professional to coordinate all input and proactively review their care arrangements. Perhaps most importantly the person might have built a relationship with them to understand why Ken was increasingly making what were deemed unwise decisions detrimental to his health. The appropriate professional could have been a social worker but other key professionals could have performed this role.
- **Risk assessment and management** A comprehensive risk assessment should have been undertaken that took full account of Ken's home situation, state of mind, prognosis and physical condition. Although there appears to have been no formal diagnosis, Ken's daughter described her father as "depressed", which would be understandable in his circumstances. An indication of this was his change from a very well-presented man who was house proud, to someone who cared little about his personal appearance. This warranted further investigation, particularly as it potentially contributed to his refusal of services and was therefore a factor in his physical decline.
- **Effective multi-disciplinary / agency teamwork** A recurrent theme in all cases was the lack of coordination and timely communication between different professionals. Multi-disciplinary /agency meetings were the exception rather than the rule. The experience of Ken was not unusual in comparison with the other five SARs. Where MDT meetings did occur, those attending did not have all the relevant information necessary to underpin safe decision-making.
- **Pressure ulcer prevention and care** All individuals developed pressure ulcers whilst receiving health and / or social care services. The prevention and treatment of pressure ulcers continues to challenge agencies across the partnership. Timely reporting and intervention are essential but, sadly, often lacking in the SARS reviewed.
- **Consistent application of the MCA** Ken was assessed to have capacity to make decisions regarding his care, however recording on information supplied to Ken in order to make decisions regarding his care was lacking. Therefore, it could not be evidenced whether or not Ken was making informed decisions.
- **Appropriate involvement of family members** Ken's views and choices determined the care that he received in the period under review. However, there were opportunities to consider his wife's needs and views that were missed. Closer attention to her perspective potentially would have helped her in the role of Ken's carer but also perhaps shed some light on the risky decisions that he was making. These would have benefitted from further exploration.
- **Quality Assurance** In Ken's case the delivery of home care did not match the expectations of his care plan, there needed to be more scrutiny of its delivery and effectiveness.

John
Published November 2021

Practice learning note

John had a formal diagnosis of dementia. He used to live with his wife before his condition deteriorated and his needs could no longer be met in the home environment. John had a son and a daughter Rose. Rose was John's Lasting Power of Attorney (LPA) for health & welfare. John was not estranged from his wife and son.

John was placed into residential care by the Local Authority (LA) in spring 2017. John did not have the capacity to make this decision. Rose was not in agreement with his placement and a court application was filed by the LA, in early 2018, for a decision to be made in John's best interests, as to where he should live. In late 2018, a best interest's decision was reached by the Court.

The outcome was that John moved into a LA bungalow with Rose as his main carer with a condition for the court order to be reviewed within 1 year. John received 2 care calls a day, funded via direct payments (DP). This was until the provider withdrew as they could not meet John's needs and because there was a breakdown in the relationship between the care agency and Rose. There were concerns raised by the care agency regarding Rose and John's son-in-law's use of restraint, which the LA did not respond to appropriately.

In summer 2019, after a fall at home, John was admitted to hospital. When John was fit for discharge the hospital and Rose did not agree on the discharge plan. It was recommended by professionals that John move into a nursing home, but Rose disagreed and believed that John could come home with a package of care. An application for NHS Continuing Healthcare funding was made. Attempts were made to complete the application but due to John's change in medical condition this could not be completed.

During this period of disagreement, John became unfit for discharge and Rose made attempts to discharge John, against medical advice. John passed away in hospital.

Findings from the SAR

- John's voice was not heard in care and support planning. By treating Rose as his representative in the care and support process and relying on her for assurance about the success of the care plan, a potential conflict of interest was introduced.
- Agencies, apart from when John was in hospital, dealt exclusively with Rose who was his LPA and main carer. An
- Across the health and social care system there is a strong emphasis on working closely with families, respecting autonomy, and self-determination, and minimising the interference and footprint of the state in a person's private and family life. This emphasis on family involvement, representation and advocacy should not be achieved at the expense of professional curiosity.
- That there was a lack of understanding/confidence of professionals understanding of the legal rights of an LPA and the routes to challenge the LPA's actions and decision making if there were concerns about them acting in John's best interest.
- John's support plan did not contain adequate detail on how the allocated personal budget (PB) would be used to meet John's needs.
- The LA failed to set up John's DP correctly and therefore funds were not paid in advance of care being delivered. This led to Rose thinking she was not able to commission care on John's behalf due to lack of funds.
- The lack of expenditure of John's PB was not identified by the LA as an indicator that John may not be getting the support required to manage his complex needs.
- The underlying reasons for the withdrawal of care from the care agency were not explored, which may have identified that the current support plan was not meeting John's needs and therefore there was a requirement to go back to the Court of Protection (CoP).
- There are gaps in the understanding of accountability for recognising and responding to unmet need when a DP is in place.
- Organisations involved in CoP hearings should ensure that formal mechanisms are in place to review the effectiveness of interventions for which they are responsible.
- Allegations around unlawful restraint were not adequately responded to.
- Lack of consideration for 'was not brought'.
- There was a delay in making a DoLS application.
- Communication by professionals with Rose, in regard to John's Health and Social Care Needs was not always clear.

Steven
Published March 2022

Practice learning note

Steven was a 78-year-old male living with dementia. Steven resided in the community with his partner who was his main carer. Steven had a package of care consisting of two calls daily from spring 2017 until it was cancelled in March 2020 by Steven's partner due to the Covid-19 pandemic.

Steven was found passed away in a public area in early 2021, after being identified by his partner as missing in the early hours of the morning; the evening before his death, Steven left home in a confused state and was not dressed appropriately for the cold weather.

It appears that there was a known risk of Steven leaving the house in a confused and disorientated manner from 2017, but it is unclear whether this (and other) information was used across the system to enable effective risk management.

Learning
- **Risk Assessment, Risk Management and Information Sharing**

Professionals should be trained in risk management and there should be an appropriate risk assessment framework to include risk management. This includes seeking historical information from involved parties and being professionally curious. Information sharing between agencies regarding risk requires improvement to ensure that the right information is shared at the right time.

- **Reviews**

Annual reviews need to be dynamic and offer flexibility. If it is identified that a reassessment is needed, this should be completed dynamically and without further delay, regardless of the organisational structure, to ensure that a customer is not left with an unmet need.

- **Carers**

Carers need to be identified and offered a carers assessment in a timely manner to address any concerns, and also be offered regular reviews.

- **Technology Enabled Care / Assistive Technology**

Professionals would benefit from having an awareness of Technology Enabled Care (TEC), how it can support people like Steven and how to access it.

- **Mental Capacity**

Professionals would benefit from being alert to indicators that a mental capacity assessment may be required

How is learning from SARS embedded within in practice?

The SAB captures all recommendations from SARs on a Learning from SARS/Audit Implementation Plan where all recommendations from SARs and other SAB learning is added and tracked.

Each partner agency involved in the SAR is required to submit a Learning from SAR Quality Check to the Business Manager within of 3 months of the SAR endorsement to demonstrate how learning from the SAR has been embedded within their organisations.

The Learning and Development Subgroup are required to hold a bitesize learning event for all SARs endorsed by the SAB.

From the six SARs endorsed and previously endorsed SARs the SAB has agreed that its approach will be to focus at any one time on three key themes that have been identified from learning from Safeguarding Adult Reviews (SARs).   The key themes from 2022 onwards have been agreed as:

- Self-Neglect
- Organisational Safeguarding
- Review of SAR process

The SAB are committed to ensuring that our priorities are current and have and will change priorities in order to support learning from its SARs.

There is a dedicated page on the SAB's website for case reviews:

http://www.sabberkshirewest.co.uk/board-members/safeguarding-adults-reviews/

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Key priorities for 2022/2022

The SAB acknowledges that there are reoccurring themes from local and national learning from SARs that must be addressed. As in 2021/22 we will continue to consider what the obstacles are in implementing recommendations and sustaining improvement and there will be a focus on good practice to promote learning, alongside an emphasis on good quality care principles and the role of effective support and supervision of the workforce to embed learning and inform future practice.

It is possible that changes to priorities will be made throughout the duration of this year in light of national and local learning in order to ensure that there is capacity within the partnership to deliver on the most pressing priorities for the West of Berkshire. Any change in priorities will be approved by the SAB.

Through its reflective learning practice, the SAB have identified the following priorities:
- **Priority 1:** To expand on learning in regard to self-neglect; to offer the partnership with resources to support them to achieve effective outcomes for individuals that self-neglect.
- **Priority 2:** To seek assurance that quality of health and social care services delivered in the West of Berkshire or those commissioned out of area for West of Berkshire residents is monitored effectively and there is a proportionate response to concerns.
- **Priority 3**: The SAB to review its Safeguarding Adult Review (SAR) process, in order to ensure that it is timely and good value for money.
- **Priority 4:** The SAB will continue to carry out the following business as usual tasks in order to comply with its statutory obligations.

The Business Plan for 2022-23 is attached as **Appendix E.**

Appendices

Appendix A - SAB Member Organisations

Appendix B - SAB Structure

Appendix C - Achievements by partner agencies

Appendix D - Completed 2021-22 Business Plan

Appendix E – 2022- 23 Business Plan

Appendix F - Partners' Safeguarding Performance Annual Reports:

- West Berkshire Council
- Wokingham Borough Council
- Royal Berkshire Foundation Trust
- Reading Borough Council

Berkshire West Safeguarding Children Partnership

Reading | West Berkshire | Wokingham

Annual Report
2021/2022

WOKINGHAM BOROUGH COUNCIL

Brighter Futures for Children

West Berkshire COUNCIL

NHS Berkshire West Clinical Commissioning Group

THAMES VALLEY POLICE

Foreword/Executive Summary from the Berkshire West Statutory Safeguarding Executive

Welcome to the Berkshire West Safeguarding Children Partnership (BWSCP) Annual Report for 2021/2022, which provides an account of the work and progress undertaken by the multi-agency partnership to promote the safeguarding and wellbeing of children in Reading, West Berkshire, and Wokingham.

As an ambitious tri-borough partnership, we recognise that working across local authority borders can be challenging and effective partnership arrangements take time to embed. Throughout this document you will see examples of our positive progress, where working in partnership has made a difference. These include but are not limited to the alignment of Threshold Guidance to support continuity for practitioners working across Berkshire West, provision of support and training for schools (Alter Ego Productions) and clear and specific updated procedures as a result of case reviews.

Following the unprecedented increase in notifications of serious child safeguarding incidents and Rapid Reviews in the 18-month period from March 2020 (primarily due to the Covid-19 pandemic), our partnership continues to move toward the completion of the resulting Local Child Safeguarding Practice Reviews. The Child Safeguarding Practice Review process requires significant resource from all our partner agencies, and it is a huge strength of our local safeguarding leads that they have, and continue, to commit to each review with openness, fully prepared to identify and respond to immediate learning. Please see page 14 for further information on these reviews and the learning identified.

We are clear that there is some way to go in embedding our arrangements and maximise the benefits from working over the wider footprint. As a Safeguarding Executive, we have spent time this year reflecting and focusing on strengthening our governance arrangements and specifically the roll and responsibility of Executive. Please see the Governance and Accountability page below for more information. In addition, throughout the report you will see 'Scrutiny and Challenge' boxes that highlight to us where we need to focus our attention. This information comes from our own analysis, what we have learnt in audit and case reviews, but also from scrutiny via Independent Reviewers.

We would like to take this opportunity to acknowledge and say thank you to each and every member of the Partnership, our Subgroup Members, practitioners from all our partner agencies, education colleagues, volunteers, and those people out in the community for their commitment and the work they continue to do to help keep children in Berkshire West safe and to improve their life chances.

Contents:

Helen Watson - Interim Director Children's Services Wokingham Borough Council

Deborah Glassbrook Executive Director Children's Services Brighter Futures for Children

Andy Sharp Executive Director - People West Berkshire Council

Debbie Simmonds Nurse Director, Berkshire West Clinical Commissioning Group

Clare Knibbs Head of Protecting Vulnerable People, Thames Valley Police

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Message from the outgoing Chair of the Safeguarding Executive Group, Deborah Glassbrook

I have thoroughly enjoyed the privilege of Chairing this group for the past six months; I thank the partnership for this opportunity and wish the whole partnership well for the future. While this report recognises the positive advances made, the next steps need to focus on embedding the work started and evidencing positive impact for the children, young people, and families of Berkshire West. We recognise that there is always space for improvement, and I know that the partnership is in a stronger place with the members of the Executive Group, all our safeguarding leadership colleagues across our partner agencies, and our new Independent Scrutineer and Chair, David Goosey. I offer a warm welcome to David, who joined us in June 2022, and we are delighted that someone with his experience, knowledge and passion has taken on this post. The partnership is looking forward to the independent challenge and scrutiny that he will bring across the partnership but also as the new Chair of the Safeguarding Executive. Finally, I would like to thank our impressive Partnership Support Team, who manage all the partnership meetings, support the Chairs, and keep in communication with colleagues across the whole of Berkshire West. This is no mean feat, and we all appreciate the consistently positive nature of the team, the high calibre of work produced, and their ability to keep the partnership on track.

Governance and Accountability – review and future arrangements

Our multi-agency safeguarding arrangements were created as a result of revised statutory guidance (Working Together to Safeguard Children 2018) and have been in existence as the Berkshire West Safeguarding Children Partnership (BWSCP) since June 2019. The Statutory Safeguarding Partners hold the oversight, governance, and responsibility of the partnership arrangements, with delegated responsibility to the BWSCP Safeguarding Executive. The composition of the Safeguarding Executive from June 2022 is:

- Directors of Children's Services - Reading, West Berkshire, and Wokingham
- Nurse Director - Berkshire West Clinical Commissioning Group (CCG)
- Head Protecting Vulnerable People - Thames Valley Police
- Chief Superintendent, Local Policing Berkshire – Thames Valley Police
- Independent Scrutiny representative

From the outset our multi-agency arrangements have been designed to be flexible, with the Safeguarding Executive acknowledging the need to review the structure and responsibilities if required. As such, we recognised there were some challenges and improvements required in our high-level accountability and governance, communication between subgroups, and our scrutiny model.

The statutory responsibility for the partnership arrangements sits with the Chief Executives of the safeguarding partners, who delegate this duty to the BWSCP Safeguarding Executive, but it is vital that the Chief Executives remain informed of progress and are themselves curious about risks or improvements made, plus the potential or realised benefits of a tri-borough shared arrangement. We recognised that this link needed to be stronger, therefore we initiated regular joint meetings between the three Local Authority Chief Executive Officers and the three Directors for Children's Services. These meetings have supported the Executive to focus on key themes such as assurance in relation to safeguarding training across the partnership and effective communication in relation to case review work, as well as ensure high level scrutiny of the partnership's effectiveness. As we develop, we will look to build on this work to include the Chief Constable of Thames Valley Police and the Chief Executive of the new Integrated Care Board.

The Safeguarding Executive also recognise that the extent of independent scrutiny over the past year has been limited due to capacity. As you will read below, we have had strong Independent Scrutiny through a range of case review work, but we have been missing the full range of assurance required and evidence that local leaders have been held to account. Following a review of our scrutiny model in November 2021, we agreed that an Independent Scrutineer post was required, who would also provide support by Chairing the Safeguarding Executive and the three localised Independent Scrutiny and Impact Groups. We are clear that this role does not hold responsibility for the partnership, which firmly remains with the Safeguarding Executive, but Chairing these groups will provide a vital communication link between them, and the consistency in Chairing provides a helicopter view across Berkshire West which is a clear benefit. This also allows the safeguarding leaders across agencies to focus on the required work, discussion, and evidencing of impact.

As a Safeguarding Executive we spent time at the beginning of the year reflecting on our role, responsibility, and place within the partnership structure. We recognised that more pace was required to move the partnership to where we want it to be, and particularly as we had lacked effective independent challenge. From November 2021 we started, and continue, to meet every month to ensure conversations can move quickly and discussion focusses on impact. To support this work, we have initiated the formal commissioning of projects to specific subgroups based on identified areas of concern or need. This has included the review of threshold guidance and gathering assurance in relation to safeguarding training.

We know we need to improve communication through the partnership, and the initiation of the partnership newsletter is an element of this. Further work will continue with closer links between the Executive and Subgroup Chairs as they are invited to periodically join the Executive meetings and discuss how the work of the groups can be better understood and shared.

A clear area of focus for us going forward is the need to improve our multi-agency audit planning and delivery, with a move to a more formal quarterly commissioning of audits. The lack of an Independent Scrutineer to Chair the Independent Scrutiny and Impact Groups has meant that these groups have not been coordinated enough and require more objective oversight to enable us to evidence the safeguarding assurance we require. This is a high priority for the new Independent Scrutineer.

Our partnership structure allows us to promote partnership collaboration, which has enabled constructive independent scrutiny from partner agency colleagues. This has been evident locally in our subgroups but is also replicated in our pan-Berkshire work in relation to the Berkshire Child Safeguarding Procedures, and Section 11 arrangements, which are well regarded across the county. Further details can be found in the following sections.

Scrutiny and Challenge:
We have recognised the challenges and improvements required in our high-level accountability and governance and our scrutiny model and the changes we have put in place, as detailed above, will support a much stronger culture of positive challenge to promote progress. During the 2022/23 year we expect the pace of partnership led work that we have implemented over the later stages of 2021/22 to continue, but we will continue to evaluate the way we work together, and the arrangements we have in place, to ensure a more robust approach to quality assurance and evidencing impact.

Our Key Priorities

The BWSCP priorities are based on the areas of concern faced by our children, young people, their families, and our practitioners, which were backed up by evidence from data, auditing and inspection findings, and themes identified in our local case reviews and multi-agency safeguarding arrangements. Following the onset of the Covid-19 pandemic, we re-evaluated our overarching priorities, which remained relevant, but our outcomes and activities were adapted to reflect the change in need and risk.

Work to meet the priorities has been carried out across the local, Berkshire West and Pan Berkshire Subgroups. The BWSCP subgroup structure chart can be found in Appendix 1. Whilst individual organisations respond to emerging and existing safeguarding concerns, the information below represents the joint partnership approach, work, and outcomes in relation to these priorities. We are working towards a consistent Berkshire West approach to enable the sharing of skills and identify best practice across a wider footprint, to help improve the life chances for all our children.

Priority 1 –Safeguarding risks to young people in today's society

Practitioners understand the approach to extra-familial risk – contextual safeguarding, exploitation, and serious youth violence

We recognise the importance of practitioners understanding the local approach to 'contextual and complex' safeguarding and how this work needs a response often outside of our usual safeguarding frameworks.

There are regular multi-agency meetings in each of the three areas that discuss individual cases and separate strategic meetings to agree a joint agency response. These are routinely reviewed and changes to approach taken where necessary. For example, in Reading the multi-agency risk assessment operational groups have incorporated serious youth violence into their agenda. Due to the inclusion of serious youth violence the meetings are in the process of transitioning to new names: Extra Familial Triage and Review meeting and Extra Familial Harm Operational Group to encompass their new remit and updated Terms of Reference have been written. Additional police representation and involvement is expected to enable fuller discussion in relation to serious youth violence. Progress of this transition will be monitored and reported on in the next annual report.

In Wokingham, the Exploitation and Missing Risk Assessment Conference (EMRAC) was evaluated in early 2021 with the aim of becoming more child focused and gaining an understanding of what disruption activities were required. Feedback from a Local Child Safeguarding Practice Review has identified that this meeting requires further development to ensure that discussions and information sharing at these meetings are proportionate and timely and focus on supporting operational practice to assist with safety planning. This work is in progress as part of the case review action plan.

Each area continues to review the effectiveness of their strategic approach, with changes made in Wokingham and Reading over the past year to strengthen the partnership ownership and engagement at the highest levels. In Wokingham there has been a revised coordinated approach towards serious violence and exploitation, creating a collaborative board that looks at both issues with strategic direction and oversight from the Community Safety Partnership.   In Reading in early 2021, the Safeguarding Exploitation Group merged with the Adolescent Risk Group of the One Reading Partnership (Children and Young People Partnership) to cover a broader range of risk concerns and drawing on a wider breadth of partner organisations. In West Berkshire, the existing group remains well represented, with strong links with Building Communities Together (Community Safety Partnership). These approaches in all three areas have strengthened the governance arrangements, bringing the front line and strategic processes closer, and learning and responding together.

Impact of Partnership working:

Adolescent Risk – Reading Festival – Concerns were raised by local services about the safeguarding and welfare of young people who attend large scale events such as Festival's. Schools across Berkshire West were invited to participate in a project aimed at reducing risk and staying safe ahead of Reading Festival; funding was secured by Festival Republic. A survey was sent young people in years 10, 11 & 12 in local Schools in order to gain the views of young people on the safety and safeguarding arrangements in place at events they attend. Following on from the completion of the survey a series of webinars were arranged to cover the areas of concern covering sex, bodies, consent and assault, substances, alcohol, risk, and choices. These webinars were delivered to pupils in the participating Schools and are in the process of being evaluated further. As part of this work a satellite medical facility, social workers, and safeguarding leads were available on-site for the weekend of Reading Festival as well as multiple health and safeguarding professionals being on-call and able to coordinate a response quickly should any issues have emerged. Learning from the work undertaken in Summer 2021 and has fed into the planning for the Reading Festival 2022 and so far, have led to the following improvements being implemented:

- A dedicated area adjacent to welfare tent to respond to incidents of sexual assault, with specially trained police officers available 24/7 and messaging to young men about their behaviour
- Brighter Futures for Children, Mental Health Team will be supplying mental health information and advice to welfare services at Reading Festival
- Lids for glasses and 'dip stick' testing will be available in the welfare tent so that young people who are worried that their drink might have been spiked can get it tested
- Additional safeguarding policy/process around employees including contractors will be developed in respect of abuse of power (inappropriate behaviour/supplying drugs)

Identification and support offered to children and young people who are vulnerable to exploitation and serious youth violence

To support our vulnerable young people, it is crucial that practitioners have the right tools and knowledge. In the past year across Berkshire West hundreds of staff have received contextual safeguarding or similar training.

Colleagues are also supported to use the Pan Berkshire Exploitation Indicator Tool, which is regularly revised to ensure it is fit for purpose. As a result of ongoing case reviews and a rise in serious youth violence locally, in September 2021, the Pan Berkshire Child Exploitation Indicator Tool was updated to include Serious Youth Violence, and further amendments to reflect changing terminology and phraseology to support a trauma informed approach, which is becoming a more standard practice model across the county. This work is undertaken by the Pan Berkshire Exploitation Subgroup, and therefore brings together a county wide approach and knowledge base. Locally, audits have shown the tool is well used and subsequent referrals are appropriate. For example, colleagues in West Berkshire undertook an exercise to review the Child Exploitation Indicator Tool trends in comparison to the previous year. Although most of the data was similar to that of the previous year, some of the emerging themes are thought to be due to the impact of Covid-19, for example the increase in exposure to domestic abuse, bereavement, and increase in substance misuse.

A survey with Schools in Wokingham was undertaken so that Thames Valley Police and School Leaders could understand students' thoughts in relation to weapon crime; this was commissioned due to the increase in serious incidents within the local area. Students were asked to answer a series of multiple-choice questions which formed part of the planning of a project to raise awareness and over 1000 responses were received. It was agreed that the scope of the survey would be widened to include other Wokingham Schools; all Schools in Wokingham have been contacted and are receiving knife crime seminars jointly presented with the Youth Offending Service.

In Reading, weapon crime continues to be a priority; officers have a process in place to stop and search "habitual" knife carriers in the community. Thames Valley Police will continue to provide safety arches in Secondary Schools when needed and the Neighbourhood Police Team have offered to support and undertake work with primary schools. Funding has been secured by Thames Valley Police to provide assemblies from St Giles Trust in Reading schools. The assemblies will be delivered to year group's seven, eight and nine and will focus on debunking the myths and stereotypes around crime, weapons, gangs, county lines and related issues.

The Reading, Thames Valley Police School Safeguarding Officers have also trialled a presentation in Schools around knife crime; the sessions are interactive and age appropriate. In the next academic year these presentations will be offered to all Schools.

In West Berkshire, three schools piloted a Drug Diversion Scheme and the outcome showed that it worked well; all West Berkshire Schools have agreed to participate in the scheme moving forward. When monitoring its impact in Schools it was found that there were no re-referrals. The same scheme was run in the community; this was also successful with high levels of engagement in drug education and harm minimalisation. When a School finds a student in possession or suspected of drug dealing, they the contact TVP Safeguarding Officers who divert the young person to local services for intervention.

Impact of Partnership working:

Starting Point – Navigator Programme - The Starting Point Navigator programme launched in June 2021 based within the Royal Berkshire Hospital over the weekend to support young people who come to the Emergency Department due to violence or risk-taking behaviours. Starting Point worked closely with NHS colleagues and the Violence Reduction Unit to agree the design and implementation of the programme. The Navigator programme is a Berkshire West service for young people and also includes SEND and care leavers. Since June 2021 Starting Point recruited 24 volunteer Navigators who have worked with 28 young people. Of these 28 young people 28% had injuries associated with violence, 58% were admitted due to drug and alcohol misuse and 90% reported that they struggled with their mental health. After engaging with the Navigators 100% of young people said they had found meeting a Navigator helpful and 42% went on to access support in the wider community. Starting Points Impact Report states *'It has been clear that the young people we meet very rarely have one issue resulting in requiring A&E assistance, but issues around violence, mental health and risk-taking behaviour are all interlinked'.*

Scrutiny and Impact:

In each area there is a continued drive to ensure processes and strategic direction are strong or improving, through evaluation and review. Whilst changes have been implemented our Child Safeguarding Practice Reviews have highlighted that more is required. These recommendations need to be acted upon quickly, and the learning shared widely. There continues to be significant examples of serious youth violence in our area, spanning our local boarders, and the Safeguarding Executive must work together with Community Safety and Public Health colleagues to embed necessary changes in approach and practice.

Increasing our awareness and understanding of the risk of sexual abuse and harassment in schools:

Following the Ofsted Review into Sexual Abuse in Schools and Colleges, the three Education Safeguarding Engagement Groups evaluated their local processes, considered their involvement in the local multi-agency safeguarding arrangements and what support or guidance was required to support education settings. Following these discussions Brighter Futures for Children produced a local advice document to support Schools with their response to reports of Harmful Sexual Behaviour (HSB), Sexual Harassment or Sexual Violence; this document was shared across the Partnership as good practice guidance for all areas to consider. School Designated Safeguarding Leads also received a presentation that included range of local advice on the steps to follow when an immediate response is required.

The West Berkshire Education Group received a presentation from Thames Valley Police regarding work that was taking place within the locality relating to Violence against Women and Girls. Officers are engaging with young people in the community, reaching out to young males to encourage them to challenge their friend's behaviour and narrative around women and girls. A fallout from the Covid-19 pandemic is a concern for young people's naivety, due to the lack of socialising which has led to basic safety advice not being followed. The Neighbourhood Policing Teams will be completing work in schools around staying safe whilst out in the community.

Online safety and social media:

Locally, we have seen an increase in nude/semi-nude images being shared between young adults/students. As a response to this and other concerns with regards to young people's safety online the Partnership delivered an Online Safety Forum for all agencies which covered topics such as grooming, bullying, impact of covid-19, and self-generated indecent images. This was recorded and remains available on the BWSCP YouTube channel.

To further support schools, parents, and young people, we developed an Online Safety Page on the BWSCP website. It contains information relating to various types of online abuse that our young people can experience with links to guidance and agencies that can provide further information or support. There are also links to some useful articles for parents and carers about how to keep young people safe online. Online Safety features regularly in the BWSCP Facebook and Twitter posts.

We recognise that social media has been highlighted as a significant concern within the Local Child Safeguarding Practice Reviews focussing on serious youth violence. Whilst the scope of the reviews could not evidence social media as harmful contributory factor, the criminal processes and a subsequent documentary did highlight the influential effects of pushed content and how social media can be used to organise and incite violence. As a result, our reviews have included recommendations for our local Partnership to both support practitioners and schools with current knowledge and information, whilst recognising that this is a national, if not global, issue.

Priority 2 - Intervening earlier to safeguard effectively

This priority is crucial to preventing escalating risk by supporting all partners to be able to respond to concerns and confidently hold responsibility for risk at an appropriate level. This should prevent our children and their families from having to access high level support or not be subjected to Children's Social Care involvement if not required.

Effective understanding of child protection thresholds to ensure appropriate safeguarding referrals - Aligned Threshold Guidance

Each Berkshire West locality has their own Threshold Guidance document, due to locality differences in relation to referral routes and service provision. However, the last review of the guidance in 2019/20 initiated a move to a more aligned approach across Berkshire West. A subsequent Domestic Homicide Review (DHR) in Wokingham noted that the Wokingham document did not adequately reflect information in relation to the risks associated with domestic abuse, and the new Domestic Abuse Act. This has prompted a large-scale review of the content and layout of all three documents, with a view to:

- Address the issues highlighted by the DHR, but also update and improve risk and protective factors in relation to exploitation, special educational needs and disabilities and sexual harassment in schools.
- Fully align the document detail across the three versions, with the only differences being referral information and some specific service detail.
- Improve the layout to enable practitioners to more easily access the important information.
- Improve information and detail about consent requirements at each level of need.

These changes, which have been agreed in July 2022, further support practitioners who work with children across our Berkshire West footprint. Once published, these revised documents mean that whichever document a practitioner refers to they know that the detail within the levels of need and our approach to thresholds is the same in each local authority area. Details and links to the documents can be found here: BWSCP website - threshold guidance

BWSCP are assured that Child in Need processes are seen as equally robust, secure, and as important as the Child Protection process

Previous and more recent local case reviews had identified that there was a misunderstanding around Child in Need (CIN) processes, including the multiagency involvement, how it is communicated and how we effectively engage with families. To fully understand the changes required, alongside specific recommendations by

Independent Reviewers, we have undertaken a multi-agency Child in Need audit across Berkshire West. This has been a significant undertaking, with almost 80 cases audited, and has yielded learning both in terms of the audit results but also the audit process.

The recommendations include:
- The need for best practice guidance to be produced for all practitioners. This should be aimed at the wider workforce, to support their understanding and expectations of the Child in Need process, and the explicit need for consistent, engaged multi-agency involvement.
- That processes are enhanced to ensure that the practitioners that best know the family, from a range of agencies, are invited and contribute to the Child in Need process. This will support the family better and encourage improved engagement.
- Improvements in the way Child in Need Plan information is shared (both in terms of timeliness and with whom) to support effective ongoing discussions.
- Improved documentation for families, to help them understand the Child in Need process.

An action plan is in place following the agreement of the recommendations which will be progress throughout 2022.

Scrutiny and Challenge:
We have recognised that there is differing understanding both by practitioners across the network and families of the Child in Need status and processes. However, the scale of the Berkshire West footprint multi-agency audit and lack of ownership at senior management level has meant a delay in the final recommendations and actions being agreed. The learning from this audit needs to be embedded more swiftly and consistently across Berkshire West, with future auditing reflecting the need to be focused, owned, and completed at pace.

Practitioners understand the impact of domestic abuse on children and young people, with appropriate support in place to mitigate the risk
Domestic Abuse has been a significant feature in recent reviews; therefore, a multi-agency audit was undertaken in West Berkshire in early 2021 to test processes and practitioner understanding and identification of risk. We also wanted to know that the child's voice or lived experience was 'heard'.

Overall, the results were positive, with swift responses to concerns, positive engagement with family members including children, and recognition if cases were repeat incidents. However, there was learning identified which included:
- An automatic process (known as Op Encompass) is triggered if a child experiences a Domestic Abuse incident which notifies key partners such as schools. It was found that the full recording process was not widely understood by Police Officers, and, in some cases, it caused delays in reporting the issue to the schools. Officers thought that they had triggered the Encompass process when in fact they had not. **Response**: Thames Valley Police immediately put processes in place to rectify this issue, including Officer training and team briefings locally, but have also raised the issues with the Protecting Vulnerable People unit as a finding for the whole Force. Subsequently, robotic automated processes have been introduced to the Op Encompass process which has drastically improved the notification rate - in October 2021, 47% of potential Encompass notifications were successfully shared with schools, compared to 14% in October 2020.
- Voice of the Child – Clarity and training for Police Officers was required to avoid confusion in relation to safeguarding duties and ensuring children in the household are seen and spoken to. **Response**: A force-wide briefing was presented to operational officers in relation to these concerns.
- It was noted that victims and families can refuse the support offered by consent-based services, which can leave universal services such as schools frustrated and concerned for the welfare of the children. **Response**: The audit group agreed that a supplementary plan should be considered for these situations.

The full audit has been shared with the newly formed Domestic Abuse Partnership Board in West Berkshire, and during a review of the action plan in the July 2022 Independent Scrutiny and Impact Group meetings, there was agreement to re-run this audit to evidence impact. Work to understand the level and reach of domestic abuse training was also agreed to provide Safeguarding Partnership colleagues with assurance.

Impact of Partnership Working: As detailed above, learning from the domestic abuse audit was immediately responded to, with additional training to Police Officers. It is extremely positive that this learning was not only shared locally but has been taken across the whole Thames Valley Police force area.

Scrutiny and Impact:
Domestic Abuse is another example of a high-risk concern where the responsibility for a coordinated response lies with multiple partnership arrangements. It is vital that BWSCP members engage fully with the three new Domestic Abuse Partnership Boards to ensure the risk to children is appropriately included in their agendas and remains a robust challenge within the safeguarding partnership.

Priority 3 - Engagement of Children, Families and Practitioners
Our multi-agency safeguarding arrangements recognise the need to improve our partnership engagement with children and families, ensuring that their voice and experiences are part of our discussions and decision making. Whilst this remains a work in progress, colleagues have undertaken surveys that we have considered in our partnership meetings.

Attitudinal Survey: West Berkshire conducted a Young Persons Attitudinal Survey in 2021 to understand the attitudes of young people, of school age, in West Berkshire to child exploitation, sexting and domestic abuse. The aim of the survey was to understand how aware young people are of child exploitation, sexting, domestic abuse, and their attitudes towards them. 2076 completed questionnaires from year 7 - 13 pupils and the findings included:
- 62% young people surveyed had heard of Child Sexual Exploitation
- 50.9% young people surveyed had heard of Child Criminal Exploitation and County Lines
- 76.3% young people surveyed new what sexting was with 75.3% considering it a big issue
- 3.2% young people surveyed thought there were occasions that people deserved physical, emotional, financial, or sexual abuse in a relationship

In comparison to the previous survey there had been a decline in some of responses received for example around information being obtainable in school; this is thought to be influenced by the impact of Covid-19 and Schools being closed for a period of time. Work is underway with the local Children's Delivery Group to consider and respond to the findings.

Reading Festival – as noted above, work across the Partnership with Festival Republic and IT Happens took place to prepare young people for Reading Festival and how to stay safe while attending events, with a survey with young people in Years 11, 12 and 13, to gather information about their understanding of staying safe when at parties and attending large events. This directly led to the supported and planning for the 2021 festival as well as 2022, which is detailed in the Partnership Impact box on page 5.

Crest Advisory: Crest Advisory worked with the Thames Valley Violence Reduction Unit and local Schools to look at the relationship between social media and serious youth violence. Using a case study based on a local incident they discussed the behaviours young people see or engage in online and how these behaviours can lead conflict and violence. A report relating to this work will be published in the Summer of 2022; this will include key findings around social media and violence and include recommendations on how to prevent and disrupt these behaviours.

Wokingham Weapon Crime Survey: A survey with Schools in Wokingham was undertaken so that Thames Valley Police and School Leaders could understand students' thoughts in relation to weapon crime; this was commissioned due to the increase in serious incidents within the local area. Students were asked to answer a series of multiple-choice questions which formed part of the planning of a project to raise awareness. There were over 1000 responses to the survey. It was agreed that the scope of the survey would be widened to include other Wokingham Schools; all Schools in Wokingham have been contacted and are receiving knife crime seminars jointly presented with the Youth Offending Service.

Practitioner Engagement: Our engagement with practitioners has predominantly continued through auditing and case review work. We have ensured that all our Child Safeguarding Practice Reviews (CSPRs) have included a practitioner event, where the independent reviewer has had a chance to ask questions and hear directly from those involved about their experiences and what they feel is the key learning. This has been particularly challenging in an environment of online meetings, and these sessions would always be preferable as face-to-face, however we have endeavoured to make sure practitioners are supported through the process and feel comfortable to speak. Given the number of CSPRs ongoing throughout the year, we have heard more from practitioners this way than we would in a normal year, and this has strengthened the review process.

Auditing is also a key area where practitioners are able to reflect and feedback on areas of work or practice. Multi-agency and single agency audit (where there is a safeguarding element) findings are reported back to the Independent Scrutiny and Impact Groups with audit topics including (but not limited to) pre-birth assessments, first time entrants into the Youth Offending Service, referrals from the Royal Berkshire Hospital Foundation Trust to the three Children's Services, vulnerable caseload audit from Health Visiting and School Nursing, and the Berkshire West Child in Need audit.

Scrutiny and Challenge:
This continues to be an area of challenge for the BWSCP. It is positive to receive the results of surveys from our children and young people, but there is not enough direct evidence of subsequent decision making by the partnership as a result. Whilst there are plans to engage young people more directly within our partnership arrangements, for example within the Reading Adolescent Risk Strategic Group, we need to ensure this is done with care and clear purpose.

Priority 4 - Effectiveness of our Partnership Arrangements
We are aware that we have challenged ourselves locally by forming a tri-borough safeguarding partnership arrangement, with the aim of building on the positive aspects of previous local arrangements, sharing good practice and taking the opportunity to work more coherently and collaboratively across the three borough boundaries. Below are examples where we have made progress on these aims.

Supporting the Education Sector
As referenced in earlier sections of the report, we have three locality-based Education Safeguarding Engagement Groups, with Headteacher and Local Authority Safeguarding Leads/representatives, which provides a mechanism for education leaders to identify and inform the development of safeguarding and improvement across schools and ensure that issues specific to the school/education community have a voice and can be escalated for discussion to the Statutory Safeguarding Partners. Alongside these meetings are locality-based learning sessions for Designated Safeguarding Leads where we are able to share consistent but tailored safeguarding messages.

School Safeguarding Audit: A continuing success has been the alignment of the Section 175/157 (school safeguarding audit) process across the three authority areas; the return rate for this academic year was again positive, which demonstrates that schools find this process useful and supportive. We use the NSPCC audit tool, and for the 2021/2022 assessment a third option of 'Partially Met' was included; it is anticipated that as Schools become more familiar with this addition the use of this option will increase, therefore grading their safeguarding measures more accurately.

It is a requirement that schools confirm that they have completed the audit with their Safeguarding Governor and that it is seen by the Local Governing Body, to promote awareness and responsibility for safeguarding within the school governance structure. The returns are analysed by safeguarding leads locally to identify any areas of concern. The results are shared between the local authority leads across Berkshire West to enable the learning to be shared across the three areas, but also with the Education Safeguarding Engagement Group in each locality. This process enables school safeguarding leads to raise concerns and receive support directly from Local Authority leads, with the local authority colleagues also proactively approaching schools if an issue has arisen. Examples of identified areas of improvement include:

- The measures in place to prevent and respond to Peer-on-Peer abuse required further consideration, and as a result Peer-on-Peer abuse is now included in the Universal Safeguarding training and DSL training.
- Governor and Trustee training needed to be strengthened so they have the knowledge and information needed to carry out their responsibilities. As a result, a free Universal Training session for Governors was arranged.
- Schools to ensure that they work with other agencies such as children's social care to ensure the right steps are taken to keep Unaccompanied Asylum-Seeking Children safe – meeting to agree response has been arranged.
- Topics such as relationships and sex need to be relevant to all children, and discussions, for example about healthy relationships, should include all types of relationships so all children can feel represented.

CDOP Bereavement Pack: Following discussions at the Pan Berks Child Death Overview Panel, a Bereavement Guide was produced for school professionals on how to respond to a sudden or unexpected death of a child or young person. The guidance outlines the Child Death process and other statutory functions that need to be considered as well as providing useful contacts, resources, and links to local support services. This has been shared with schools across Berkshire West.

Thames Valley Police Intelligence Sharing: Through the three locality-based Education Safeguarding Engagement Groups, school colleagues raised that there were ongoing concerns with regards to sexual exploitation/images/threats/weapon crime/vaping and wanted to understand the way of reporting soft intelligence to the Police so that they had an overview of what was happening in the community to create a bigger picture of safeguarding concerns and areas of focus. The Thames Valley Police Intelligence Submission Form was shared with Schools and DSLs across Berkshire West to enable them to report incidents or potential safeguarding concerns, and Officers have attended these meetings to answer questions.

Alter Ego: In order to support our local Schools with ongoing concerns relating to Online Safety the partnership has funded 10 Alter Ego sessions in each area for Primary Schools focusing on Online Safety. The partnership has also funded 10 Secondary performances in each area focusing on Sexual Violence and Harassment. These will take place in the Autumn Term 2022.

Website and eLearning
One of the main mechanisms for sharing information with the wider workforce and our families is through the BWSCP website; this continues to be updated regularly and contains a wide range of safeguarding information, guidance and links for support and training.

From April 2021 to March 2022 there were over 130,000 views on 74 pages. The most accessed page was eLearning with over 6,000 views; this is where the Universal Safeguarding Training is hosted alongside various other learning opportunities, and it is positive that the workforce knows where and how to access this. Across Berkshire West we have, for many years, provided a free online level 1 universal safeguarding training module, available to anyone working with children and young people. It has always been our aim to retain this element of training for our workforce as free to access, and it is hugely positive that over the past 12 months 3625 people have successfully completed the online Universal Safeguarding Training.

We have increased our social media presence with regards to promoting safeguarding campaigns. Some of the identified areas of focus for this year have been:
- Summer campaigns on water safety and the danger of open windows
- Safe Sleeping
- Weapon Crime
- Online Safety
- Healthy relationships & Domestic Abuse

Pan Berkshire Arrangements
BWSCP has continued to support the Pan Berkshire safeguarding arrangements through the Section 11 Panel, Pan Berkshire Policy and Procedures Subgroup and Pan Berkshire Exploitation Subgroup. These groups are well respected by colleagues from across the county and are crucial to effective partnership arrangements.

The Section 11 Panel requests that representatives from key agencies who work across two or more Berkshire local authority areas attend the panel to present their Section 11 self-assessment return. A tool is provided to enable agencies to demonstrate and provide evidence that they are fulfilling their safeguarding duties under the Children Act 2004. Panel members scrutinise the return, ask questions of the presenter and provide feedback on areas for improvement. This is seen as an effective process, which agencies value.

The Pan Berkshire Policy and Procedures subgroup is also a multi-agency group with representatives from agencies across the county. The meetings scrutinise chapter amendments suggested by the procedure's provider, but also has a timetable of chapters for local review. This cross border and multi-disciplinary approach enable all Berkshire Safeguarding Partnerships to maintain up-to-date localised procedures that are easily accessed by all practitioners.

Impact of Partnership Working: This group also reacts to findings from local case reviews, an example being revisions in the Child Protection Conference chapter following a West Berkshire Child Safeguarding Practice Review. The chapter is now clear that when a case is stepped down from a child protection plan that a child in need plan is in place for at least three months and be subject to management scrutiny and review before closure. It now also states that if there is a significant change within 3 months of the conference that removes a child's name from a Child Protection plan then a multiagency strategy meeting should be convened, to determine whether a s47 enquiry is necessary to enable the local authority to decide whether it should take any action to safeguard and promote the welfare of the child, for example, a Child Protection conference should be held. It is positive that an issue raised in one local authority area can positively impact procedures that are accessed by six local authority areas.

BWSCP local datasets support focussed discussion on key topics
Our three areas have very different demographics, and as such are never in the same group of statistical neighbours. However, our children and families regularly cross the borders and as a Berkshire West area we obviously share many safeguarding risks. To support discussions on our local potential or known concerns the Independent Scrutiny and Impact Groups (ISIGs) now review a combined Berkshire West dataset that includes the same information from all three Children's Services to provide a comparison, as well as data from other key partners.   A selection of the data included in the dataset can be found in Appendix 2.

The comparison of local data has led to several discussions regarding specific topics over the year, such as referral numbers. Over a period of time, it was identified that in Wokingham the referral rate had remained low and had not returned to pre pandemic levels; this had not been the case for Reading or West Berkshire. Various reasons for this were considered such as school holidays, covid-19 pandemic restrictions and school closures. After the initial concern was raised, a review of referrals was undertaken in Wokingham to identify if there were any unidentified issues. The review concluded that there were no concerns or issues identified with threshold application and provided assurance that for the foreseeable future this is likely to be the new normal for Wokingham.

We also encourage thematic discussions at the ISIGs which can lead to better multi-agency involvement. For example, during, and following the peak of the Covid-19 pandemic there has been a recognised national increase in Elective Home Education, and locally numbers have continued to increase. The Southeast Sector Led Improvement Programme (SESLIP) are undertaking work in this area and colleagues agreed to consider the results, and to establish if numbers remain raised at the beginning of the school year. As a safeguarding partnership we recognise that School is a protective factor in children's lives. Children who do not attend school can become hidden, which means that we are less able to help and protect them. Following on from discussions at the ISIGs the Safeguarding Executive have commissioned a project to consider:

- How we identify those families that are genuinely keen to Electively Home Educate as opposed to those that have become disenfranchised with schools?
- How each area assures itself that children are receiving appropriate and adequate learning opportunities, particularly for the harder to reach families?
- How they ensure that universal services are aware that they must inform the local authority if they become aware that a child is EHE?
- A plan to implement the awaited new Government Statutory guidance.

Case Complexity: Locally, agencies are reporting that there is an increase in the complexity of cases; this increase is thought to be due to the impact of the Covid-19 pandemic. There has been a significant increase in concerns raised regarding young people's emotional health and wellbeing, and this is reflected in data received within the Independent Scrutiny and Impact groups. A survey was undertaken with Schools in Wokingham to identify the key areas of focus; the survey highlighted Families in Acute Stress as the highest area of concern; this is reflected in the work undertaken in Reading to identify where the increase in case complexity has come from. There is not one singular factor, but families are in acute stress with multiple factors presenting. This surge in complexity has seen an increase in the cases coming into the front doors across Berkshire West with cases, in all areas, being open for longer than they would have been previously. West Berkshire have seen the number of children and young people subject to Child Protection plans increase significantly, due to complexity; however, a review of cases has been undertaken which concluded that the right families are receiving the right services at the right time. In addition, feedback from Ofsted recognised that the Family Safeguarding Model used in West Berkshire is effective and caseloads have been well managed.

Scrutiny and Challenge:
We recognise that working over a Berkshire West footprint is complicated and it requires continued engagement, ownership, discussion, and willingness for it to work at all levels and to be successful and provide added value. Our tri-borough partnership provides us with the opportunity to think more creatively, for example, the opportunity of cross boundary working allows us to identify common safeguarding issues and consider the strengths of joint discussion and co-working with partners. The examples above provide some evidence of the positive impact for our workforce of working in this coordinated way. However, the Safeguarding Executive and all the subgroups recognise that improvements need to be made, and this continues to be the challenge for the forthcoming year.

Case Review Activity

Rapid Reviews

As partly detailed in last year's annual report, from the first lockdown period in March 2020 up until June 2021 the Berkshire West Safeguarding Children Partnership completed Rapid Reviews for 22 children across Reading, West Berkshire, and Wokingham. This unprecedented number of notifications of serious child safeguarding incidents partly reflected the strain that families countrywide were facing as a result of the pandemic. The significant rise in non-accidental injuries was not only seen locally but nationally, plus we saw a rise in serious youth violence, which tragically resulted in fatal stabbing incidents in Reading. This directly led to seven of the notifications as we sought to understand the role of multi-agency support to the alleged perpetrators in their lives before the incident, as well as that of the victim. The Rapid Reviews have progressed to five individual Child Safeguarding Practice Reviews, plus a thematic Child Safeguarding Practice Review focussing on serious youth violence (see below for more information).

Independent Scrutiny:

Following this large number of notifications, the Partnership were keen to ensure that the learning identified in the subsequent Rapid Review was not lost in the increased pressure on workload for all agencies due to the impact of the Covid-19 pandemic. As such, an independent appraisal was commissioned to undertake a concise evaluation of the 22 Rapid Reviews completed by the Partnership. The key aims of this analysis were to:

- Independently evaluate the effectiveness of the multi-agency BWSCP process to undertake Rapid Reviews, highlighting any issues with effective engagement or information sharing by organisations and providing an assessment on the quality of the multi-agency discussion and report produced as a result.
- Review the Rapid Review reports, with supporting documentation and minutes of meetings if required, to draw together learning themes.
- Ascertain through discussion with key colleagues and the Case Review Group, that the learning identified has or is being progressed, discuss, and suggest recommendations to support the embedding of learning, and identify any impact evidence; and
- Link the findings/learning/recommendations from the Rapid Review reports with those of any local Child Safeguarding Practice Reviews subsequently initiated to ensure concerns and findings were taken forward and considered in these reviews.

The Independent Reviewer found 'that the quality of Rapid Review reports is judged to be high; the documents are coherent, comprehensive, concise, and well written; the report template is user friendly and sensibly structured and consistently reflect a good level of discussion, reflection, and analysis. This is something that the CSPRP has noted in a high number of the reports submitted to them'. Discussion with local colleagues also found that they agreed that the process enabled good communication between partners, with good engagement and transparency from all agencies, allowing productive and proactive discussion, even when the situation may be challenging.

The reviewer found that there was not a consistent approach within and across agencies to deal with learning gained through Rapid Reviews. This includes, for example, learning points being taken to other forums and scrutinised to consider the best way to disseminate it across an agency, plus action tracking, oversight, and governance. This has meant that checking how effectively learning has been embedded was acknowledged as more problematic. However, there were examples provided of direct influence on practice of the learning identified in Rapid Reviews, which are captured in the Impact box below.

Impact of Partnership Working:

The Rapid Review process allows for immediate learning to be taken back to agencies. Examples given as part of the Independent Review include:

- In West Berkshire, learning and resources in relation to water safety following the drowning of a child in Newbury Canal and safe sleeping advice (from a separate incident) with the Lullaby Trust, were shared across services. There is evidence of both being used in our front door Children and Family Services Triage service and Early Response Hub. In addition, as unborn children and under 1s were identified as particularly vulnerable, enhanced screening tools were developed during Covid-19 which have continued to be used and expanded to develop additional enhanced screening which includes Domestic Abuse.
- In Brighter Futures for Children, an example of identified learning was in relation to the lack of fathers being involved in the work undertaken with the family. This was addressed through case review learning being disseminated through service meetings and then an audit undertaken to establish how this learning has positively impacted on practice, and in this instance specifically, social workers involving fathers in the single assessments being completed.
- In Wokingham Children's Services, an example of improving the sharing interim safety plans with other agencies when a family is under-going an assessment, was swiftly implemented due as the manager involved in the Rapid Review took the learning back to the respective members of the workforce.
- Royal Berkshire NHS Foundation Trust have reported an increased number of referrals staff make to Children's Services. Professional training and development, in part originating from learning from case review activity, will have played a part in this, but the Rapid Review process has also highlighted the importance of designated post-holders being accessible and visible as a means of supporting and empowering practitioners to learn and develop their safeguarding practices.

The Independent Reviewer identified a number of themes that were highlighted across the Rapid Reviews. These include:

- Information Sharing
- Assessment and management of risk
- Escalation and challenge
- Recording
- Thresholds
- Professional curiosity
- Communication
- Non- or dis-engagement by parents
- Decision making
- Hearing the child's voice
- Contextual safeguards
- Covid-19 impact

Suggested areas for development:

- Make adjustments to the Rapid Review Report template to distinguishing learning from remedial action, to support agencies with improvement activity.
- Improve use of single and multi-agency action plans and tracking sheets to better evidence development and improvement activity.
- Develop and embed a process for to assess, scrutinise and evidence progress and impact.
- Consider time limited 'theme lead' approach to learning and improvement, based on the identified key themes, targeted at either a strategic or operational level and act as a lever for raising the profile of the theme, thereby influencing practice and cultural change.
- Create a more systematic approach to sharing and disseminating learning identified in Rapid Reviews and most full case reviews.

This report was presented to the Case Review Group and the Safeguarding Executive in May 2022, and actions to address these recommendations are being taken forward and will be reported in the next annual report.

Case Review Group Activity

The Case Review Group continues to promote active discussion about any cases that colleagues may feel meet criteria for a level of multi-agency review. This was particularly important considering the significant drop in 2021/2022 of cases being identified that met the criteria for making a notification of a serious child safeguarding incident. Due to the reduction, consideration was given to the process in place and challenging discussions took place to review whether any cases may have been missed.

During this period the Case Review Group continued to review cases of concern, that didn't meet the criteria for notification, to ensure that there was a multi-agency view and to consider if any further local-based work was required. This is an open, honest but challenging group, where individuals actively scrutinise safeguarding practice.

An outcome of the case review process discussion and the Independent Reviewer report was that it highlighted that the Safeguarding Executive had not been fully sighted on all the Rapid Reviews from across Berkshire West, at the different stages of review. This inadvertently meant a lack of clear ownership and direction at the Executive level which subsequently impacted on the ability of the Safeguarding Executive to be fully assured about the process, learning identified and the impact. A thorough review of the process has been undertaken, to ensure that appropriate Safeguarding Executive members are informed or involved at key stages of the process.

Child Safeguarding Practice Reviews

The purpose of a Child Safeguarding Practice Review (CSPR) is to look at the multi-agency response of organisations working alongside children and families, to identify any improvements that can be made to the services they provide; and as a partnership for us to understand and share good practice and learning to improve and promote the wellbeing of our children and young people.

Published CSPRs:

Three CSPRs have been published in the first half of 2022. These relate to two cases of known or suspected non-accidental injury of a young child, and one case of sexual abuse. All our CSPR reports are published on this page: Berkshire West Safeguarding Children Partnership - Safeguarding Practice Reviews.

Some of the key areas of learning from the cases include:
- Assessments should recognise and take account of the multiple risk factors, analyse statements of fact about a parent/adult with what impact the issue may have on a child's safety and welfare, ensure records reflect this thinking process, management oversight promotes clear rationale for decisions.
- Recognising and understanding patterns of behaviour through the use of chronologies (single or multi-agency) to support assessment and risk management work.
- Ensuring safe step down of intervention - to include a clear, multi-agency process to support these cases once higher level of intervention is removed and re-assessment of risk if the family circumstances change, or parental disengagement is a cause for concern.
- All cases reiterate areas for improved information sharing at different stages in safeguarding processes, plus the need for empowering practitioners to escalate if they have a concern or difference of opinion.
- It is important to find out and understand if family members have any learning needs or borderline learning difficulties - professionals must make sure that family members understand what meetings they are asked to attend, why the meeting is happening, and what is expected of them.
- The importance of Child Focused Practice - professionals should always try to understand and record children's views where possible, even if they are young with limited verbal skills, with due consideration of different communication styles, including issues of disability, age, and language.

As part of the Child safeguarding Practice Review process we also identify and highlight the positive work undertaken by practitioners. Many examples of this were identified, including:
- Clear identification of vulnerabilities in families and multi-disciplinary discussions being undertaken.
- Early referrals when concerns identified, and examples of quality assessments.
- Swift responses after an incident to safeguard children and their siblings.
- Practitioners effectively sharing information and communicating, and examples of cultural sensitivity.
- Positive examples of practitioners being child focussed and challenging decisions when they felt it was appropriate.

- Significant support was initially put in place for a family, which was appropriately reduced when good progress was made.
- Examples where the multi-agency response when some new information was received was timely and coordinated.

Recommendations and action plans are in place for these reviews, are being actively monitored and acted upon through the Berkshire West Case Review Group and the locality based Independent Scrutiny and Impact Groups. These include single and multi-agency actions, and we expect to report in more detail the results of these reviews in the next annual report. A number of actions have been completed which include:

- Undertaking the multi-agency Child in Need audit, leading to practitioner and family guidance being produced to help support more effective engagement in the process.
- Review and update of the Threshold Guidance.
- Review and update of the Escalation Guidance and procedures.
- A range of locality and agency specific, plus Berkshire Wide procedures and processes have been reviewed and updated as a direct result of CSPR learning.

Ongoing Reviews related to Serious Youth Violence:

We currently have reviews ongoing that we aim to publish in Autumn 2022 that relate to, and were triggered by, incidents of serious youth violence. Whilst not yet published, much of the process of the reviews, including discussions with families, practitioners, and managers across the partnership, took place with this annual report period. Key themes identified in these reviews include:

- Recognition that this cohort are likely to have a range of complex needs and are at risk of school exclusion.
- Improve information sharing with schools about pupils at risk of exploitation.
- The need for appropriate alternative education provision to support a multi-agency response.
- Earlier referral and engagement with CAMHS for children at risk of exclusion, and understanding the role of speech and language services.
- Development of diversionary support to avoid entry into the criminal justice system.
- The need to reduce the number of professionals involved, whilst enabling consistency and continuity of workers to build relationships with the young people and their family.
- Improving data to understand the problem profile more accurately.
- Ensure that the needs of children and young people with special educational needs and disabilities are really understood by all professional working with them.

Sharing learning:

Along with ensuring processes and procedures are effective, once of the key outputs from any case review is to share learning to improve practice. Whilst there is much learning for practitioners involved in a case review, while the process in ongoing, we also produce a two-page learning brief for each case published. This focusses on the learning identified, the recommendations, and information and guidance for practitioners. Along with the full report, we share these widely with the expectation that these are used and discussed within agencies and teams.

In addition, details of the learning and recommendations from the Rapid Reviews and recently published CSPRs have been collated and shared widely, particularly at sessions with School Designated Safeguarding Leads and nearly 100 GPs across Berkshire West. Along with common themes and learning from previous case reviews the presentation slides, published reports, learning briefs and 7-minute briefings can be found here:
Berkshire West Safeguarding Children Partnership - Safeguarding Practice Reviews

Review of National Cases of local interest

The Berkshire West Case Review group regularly reviews recently published national cases. Information is collated and shared with regards to learning and recommendations that would benefit from further consideration locally.

Following the tragic death of Arthur Labinjo-Hughes, the trial of his dad and his partner and the subsequent Joint Targeted Area Inspection in Solihull colleagues across Berkshire West initiated a project to review local services against the JTAI findings; this work is due to conclude in the Summer of 2022 and will be reported on in our next annual report.

Impact of Partnership Working:

Learning from local and national safeguarding case reviews highlighted the need for a clear escalation policy that all practitioners felt confident to use. To support our local practitioner's additional escalation guidance was produced to explain how to work towards the best outcome for a child, particularly in complex cases, local contact information for each agency was included so that contact can be made should an escalation reach a stage where formal resolution is required. A briefing note template was also included for practitioners to complete, to allow them to outline their concerns and describe the solution they are looking to achieve. Our approach to the escalation process has been replicated in the Pan Berkshire Policy.
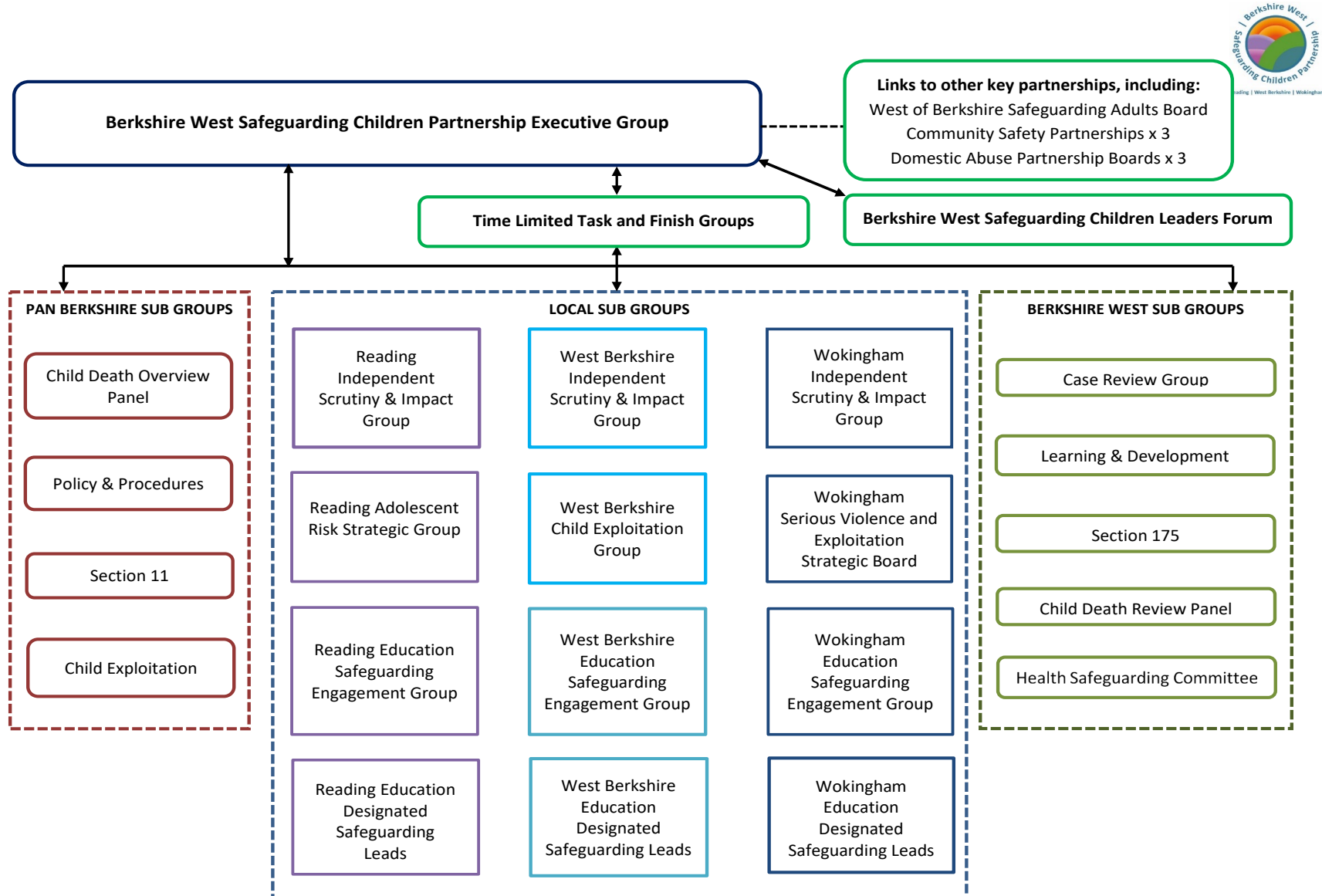
Scrutiny and Challenge:

There is considerable independent scrutiny built into the case review process, with multi-agency partners scrutinising information at the Rapid Review stage and Independent Reviewers brought in for Child Safeguarding Practice Reviews. The multi-agency discussion of cases prior to notification to the Child Safeguarding Practice Review Panel has improved, eliminating some of the previous unnecessary notifications. The Case Review Group continues to scrutinise any cases of concern to ensure the appropriate decision has been made.

The partnership has a proven successful process for Rapid Reviews and supporting Child Safeguarding Practice Reviews, however, there is a need now to establish how best to action learning across a tri-borough arrangement, ensure there is clear responsibility for plans and a method of effectively monitoring and tracking impact.

Appendices

Appendix 1 – Berkshire West Safeguarding Children Partnership Sub-group structure chart

Berkshire West Safeguarding Children Partnership Executive Group

Links to other key partnerships, including:
West of Berkshire Safeguarding Adults Board
Community Safety Partnerships x 3
Domestic Abuse Partnership Boards x 3

Time Limited Task and Finish Groups

Berkshire West Safeguarding Children Leaders Forum

PAN BERKSHIRE SUB GROUPS

- Child Death Overview Panel
- Policy & Procedures
- Section 11
- Child Exploitation

LOCAL SUB GROUPS

Reading Independent Scrutiny & Impact Group	West Berkshire Independent Scrutiny & Impact Group	Wokingham Independent Scrutiny & Impact Group
Reading Adolescent Risk Strategic Group	West Berkshire Child Exploitation Group	Wokingham Serious Violence and Exploitation Strategic Board
Reading Education Safeguarding Engagement Group	West Berkshire Education Safeguarding Engagement Group	Wokingham Education Safeguarding Engagement Group
Reading Education Designated Safeguarding Leads	West Berkshire Education Designated Safeguarding Leads	Wokingham Education Designated Safeguarding Leads

BERKSHIRE WEST SUB GROUPS

- Case Review Group
- Learning & Development
- Section 175
- Child Death Review Panel
- Health Safeguarding Committee

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Appendix 2 – Knowing our children

West Berks	
West Berks Under 18 Population	35,595
Children Subject to Child Protection Plan (Rate per 10,000) March 2022	52
Number of Children in Need (Rate per 10,000) March 2022	348
Children in Care (Rate per 10,000) March 2022	46
Domestic Incidents involving Children Q4 2021/2022	351
Total number of children 0-18-year-olds admitted to RBFT (including MH & Self-Harm) - Q4 2021/2022	44

Reading	
Reading Under 18 Population	37,254
Children Subject to Child Protection Plan (Rate per 10,000) March 2022	58
Number of Children in Need (Rate per 10,000) March 2022	406
Children in Care (Rate per 10,000) March 2022	63
Domestic Incidents involving Children Q4 2021/2022	596
Total number of children 0-18-year-olds admitted to RBFT (including MH & Self-Harm) - Q4 2021/2022	72

West Berkshire

Reading
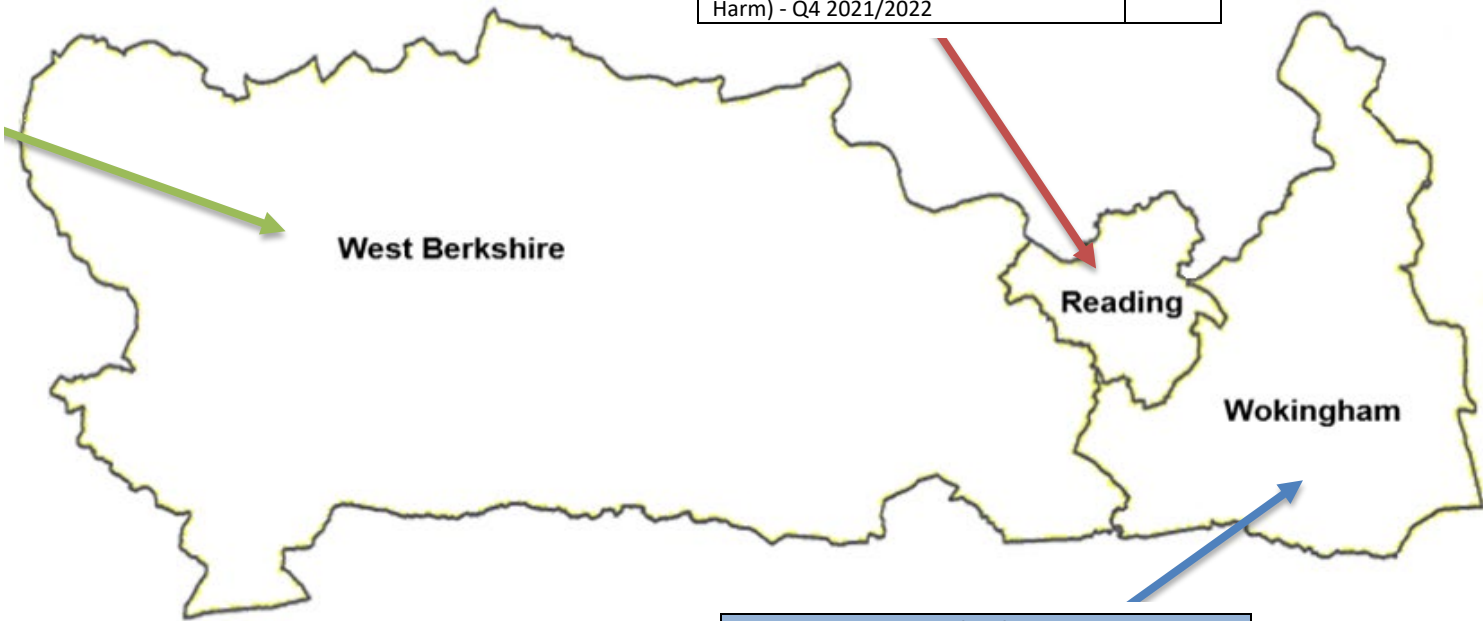
Wokingham

Wokingham	
Wokingham Under 18 Population	40,417
Children Subject to Child Protection Plan (Rate per 10,000) March 2022	40
Number of Children in Need (Rate per 10,000) March 2022	140
Children in Care (Rate per 10,000) March 2022	33
Domestic Incidents involving Children Q4 2021/2022	259
Total number of children 0-18-year-olds admitted to RBFT (including MH & Self-Harm) - Q4 2021/2022	52

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Equality Data Assessment

Report being considered by:	Health and Wellbeing Board
On:	23 February 2023
Report Author:	Sam Shepherd, Programme Manager: Local Communities
Report Sponsor:	Cllr Graham Bridgman
Item for:	Information

1.   Purpose of the Report

1.1   This report presents the results of an Equality, Diversity and Inclusion (EDI) Needs Assessment for West Berkshire.

1.2   The EDI assessment will form part of the evidence base for a new EDI Framework for West Berkshire Council. The assessment will also help inform the Health and Wellbeing Board's work on health inequalities as it completes its own Health Inequalities Needs Assessment.

2.   Recommendation(s)

2.1   It is RECOMMENDED that the Health and Wellbeing Board NOTE the Equality Data Assessment contained within Appendix A.

3.   Executive Summary

3.1   West Berkshire Council (like other public bodies) has a duty under the Equality Act (2010) to ensure it tackles discrimination and disadvantage for groups with specific protected characteristics. To establish an evidence base for a new EDI Framework, the Council commissioned some external, independent support to provide expertise and capacity. The evidence base for a new Framework will consist of information from a data analysis exercise and the views, feedback and lived experiences of local people. This report summarises the findings of the equality data assessment.

3.2   Appendix A of this report contains the results of an EDI Assessment which will form part of the evidence base for the Council's future EDI Framework. The data for this report was brought together from existing sources; it does not include the views of local people.

3.3   A summary of the findings suggest that when looking at the demographics for the local authority as a whole, West Berkshire is relatively affluent and generally reflective of regional and national averages. However, further analysis of smaller geographical areas and of hidden communities reveals that the local authority area faces a range of specific challenges. These challenges must be acknowledged if all residents of West Berkshire are to be supported through appropriate and proportionate methods.

3.4   Some of the key issues emerging from the data analysis include:

- Recognising the challenges that are associated with the urban-rural split such as accessing public services and transport, accessing social and community infrastructure, concentrations of fuel poverty, and urban-linked deprivation;

- Understanding that, although West Berkshire is largely ethnically homogeneous (94.8% White British), minority and marginalised communities with varied needs are dispersed across the district. These include the racing community, Gypsy, Traveller and Roma communities, asylum seekers and refugees, armed service members and their families, and veterans;

- Considering West Berkshire's aging population will be crucial to supporting vulnerable people as the district's population already has a large proportion of elderly residents (aged 60 years and older) and this is forecast to be a growing demographic; and

- Developing a more nuanced understanding of communities and how they are supported by the Voluntary, Community and Social Enterprise sector will aid the Council in both fulfilling its equalities duties and responding to framework objectives, especially as there are community and protected characteristics that are not currently well understood, as well as how different circumstances and characteristics interact with each other.

3.5 A full report with the details of the methodology, data and analysis can be found in Appendix A.

4. Conclusion(s)

4.1 The report in Appendix A provides some clarity and understanding of the current local EDI data to illustrate the equality-related profile within the community, both across all of the protected characteristics in the Equality Act (2010) as well as other factors which can create inequality in communities

4.2 This assessment will sit alongside information from community engagement to form the evidence base for specific outcomes that West Berkshire Council will seek to achieve over the next five years in a new EDI framework. It is anticipated that the EDI Framework will be completed in summer 2023.

5. Appendices

Appendix A – Equality, Diversity and Inclusion Needs Assessment

Background Papers:

None

Health and Wellbeing Priorities Supported:

The proposals will support the following Health and Wellbeing Strategy priorities:

☒ Reduce the differences in health between different groups of people
☐ Support individuals at high risk of bad health outcomes to live healthy lives
☐ Help families and young children in early years
☐ Promote good mental health and wellbeing for all children and young people
☐ Promote good mental health and wellbeing for all adults

Equality Data Assessment

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West Berkshire Council

EDI Needs Assessment
October 2022

EQUALITY, DIVERSITY AND INCLUSION NEEDS ASSESSMENT

temple

Prepared for:

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1.0	27/9/2022	Sophia Dellafiora	Prudence Wales	
2.0	28/9/2022	Sophia Dellafiora		Mark Teasdale
3.0	21/10/2022	Sophia Dellafiora		Prudence Wales

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Contents

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1   Executive Summary

1.1   Background and Scope

1.1.1   This Equalities, Diversity and Inclusion (EDI) Needs Assessment outlines the key trends and legal background West Berkshire Council must consider whilst developing their upcoming EDI Framework, as well as forecasting trends that should be integrated into the Council's EDI objectives and evaluation mechanisms. The Needs Assessment also provides further recommendations to ensure a robust understanding of West Berkshire's EDI needs is maintained beyond the scope of this work.

1.1.2   This Needs Assessment focuses on those protected characteristics defined in the Equality Act 2010 and provides background on wider geographic and socio-economic indicators to define key trends which may disproportionately affect vulnerable groups. As we are aware that a separate piece of work has been commissioned regarding public health inequalities these issues are not explored in this report. Additionally, whilst West Berkshire has close contact with and is therefore influenced by populations and infrastructure associated with Reading and nearby urban centres, this is also outside the geographic scope of this report.

1.2   Key Takeaways

1.2.1   As well as responding to the objectives within the Council Strategy, including supporting everyone to reach their full potential and ensuring that vulnerable children and adults achieve better outcomes, any upcoming EDI frameworks must also address West Berkshire's range of significant EDI challenges.

1.2.2   In analysing datasets about demographics for the local authority as a whole, it can be tempting to consider West Berkshire to be relatively affluent and generally reflective of regional and national averages. However, further analysis of smaller geographical areas and of hidden communities reveals that the local authority area faces a broad range of unique challenges. These challenges must be acknowledged if all citizens of West Berkshire are to be supported through appropriate and proportionate methods.

1.2.3   Some of the key issues emerging from our analysis include:

- Recognising the challenges that are associated with the urban-rural split such as accessing public services and transport, accessing social and community infrastructure, concentrations of fuel poverty, and urban-linked deprivation;

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- Understanding that, although West Berkshire appears to be largely ethnically homogeneous (94.8% White British), minority and marginalised communities with varied needs are dispersed across the district. These include the racing community, Gypsy, Traveller and Roma communities, asylum seekers and refugees, armed service members and their families, and veterans;

- Considering West Berkshire's aging population will be crucial to supporting vulnerable people as the district's population already has a large proportion of older residents (aged 60 years and older) and this is forecast to be a growing demographic; and

- Developing a more nuanced understanding of communities and how they are supported by the Voluntary, Community and Social Enterprise sector will aid the Council in both fulfilling its equalities duties and responding to framework objectives, especially as there are community and protected characteristics that are not currently well understood, as well as how different circumstances and characteristics interact with each other.

1.3 West Berkshire's Equality Duty

1.3.1 The primary legislative driver for considering equalities, diversity and inclusion is the Equality Act 2010, which requires local authorities under the Public Sector Equality Duty to consider the nine protected characteristics when developing policy, delivering services and employing people. This includes requirements for Councils to:

- Publish information to show their compliance with the Equality Duty, at least annually; and

- Set and publish equality objectives, at least every four years.

1.3.2 Section 149 of the Equality Act 2010 requires public bodies to fulfil a Public Sector Equality Duty (PSED). In fulfilling the PSED public bodies must, in the exercise of their functions, have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;

- Advance equality of opportunity between people who share a protected characteristic and those who do not; and

- Foster good relations between people who share a protected characteristic and those who do not.

1.3.3 The Equality Act 2010 explains that having due regard for advancing equality involves:

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- Removing or minimising disadvantages suffered by people due to their protected characteristics;

- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people; and

- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

1.3.4　Many of the duties included in the Equality Act can often not be fully understood by stakeholders including public sector officials, private sector suppliers, and the general population interacting with public services and facilities. As a result, local authorities like West Berkshire may be at risk of not fully fulfilling their duties, leaving them open to legal prosecution and judicial review. Local authorities are ultimately responsible for demonstrating their compliance with relevant legislation including showing that they have considered the protected characteristics in their decision-making process and how such consideration impacted final deliverables.

1.4　Looking Forward

1.4.1　The evidence presented here suggests West Berkshire Council must consider its equalities duty from a wider perspective in order to be fully compliant with both the letter and spirit of the Equality Act. Taking a more comprehensive approach will also support positive outcomes for more groups living in the district, including those who might normally be overlooked.

1.4.2　Ensuring that West Berkshire Council continues to monitor updated datasets, liaise with partner organisations, conduct qualitative research and engage with local communities will enable the Council to set clear and relevant EDI objectives which benefit the district's most vulnerable residents.

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2   Introduction

2.1.1   This EDI Needs Assessment was prepared by Temple on behalf of West Berkshire Council to support the development of the Council's updated approach to EDI.

2.1.2   The Needs Assessment includes:

- A baseline assessment, which provides an overview of West Berkshire's demographic profile including geographic and socio-economic indicators, protected characterises, and other relevant groups, as well as relevant historic and geographic benchmarks;

- A policy and research review, which outlines the Council's duties under national and local legislation, sample EDI policy from other local authorities illustrating applicable best practice, and legal precedents illustrating the potential impacts of not complying with these existing policies; and

- A forecast of key trends and issues West Berkshire may face in the near future, with recommendations to the Council to better address these changes and challenges.

2.1.3   This report provides an evidence base identifying West Berkshire's key existing EDI-related issues and vulnerable groups, which should then be carried forward in the development of more formal, and legally required, EDI policy. Such policy should include specific outcomes rooted in this evidence base as well as in those sources included in the recommendations made at the close of the Needs Assessment.

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3   Baseline Assessment

3.1   Approach to the Baseline

3.1.1   The baseline assessment provides an overview of West Berkshire's demographic profile regarding equalities characteristics through the mapping of key geographic and socio-economic indicators, protected characteristics, as defined by the Equality Act 2010[1], and other relevant groups.

3.1.2   The key geographic and socio-economic indicators included in this baseline are:

- Deprivation;
- Land use and urban morphology;
- District infrastructure;
- Digital exclusion;
- Food deserts; and
- Fuel poverty.

3.1.3   These indicators have been identified in discussion with Council officers as the most relevant to understanding the socio-economic diversity of West Berkshire's population as it relates to the geography of the district, as well as offering strong insights into the roots of hidden inequalities issues. As those with particular protected characteristics may experience these indicators differently, these datasets will be used to highlight pinch points where West Berkshire might be more vulnerable to equalities challenges.

3.1.4   All the protected characteristics defined within the Equality Act are included in this baseline. They will be described in the following order:

- Age;
- Sex;
- Race;
- Religion and belief;
- Disability;
- Pregnancy and maternity;
- Sexual orientation;

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[1] Her Majesty's Stationery Office, 2010. Equality Act 2010. Available at: https://www.legislation.gov.uk/ukpga/2010/15/contents.

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- Gender reassignment; and

- Marriage and civil partnership.

3.1.5   The baseline also includes the following groups:

- At-risk children, youth and young people;

- Those who are homeless;

- Carers;

- The Armed Forces community; and

- Those in the racing community.

3.1.6   These four groups are not included within the defined protected characteristics but are often highlighted as 'other relevant groups' in EDI policy. People who fall under these categories may be sensitive to equalities issues, particularly if they also possess a protected characteristic, and their presence within the district may have implications for the provision of Council services and the execution of the Public Sector Equality Duty (see **Section 4**).

3.2   Data Sources and Limitations

3.2.1   Much of the information forming the baseline assessment has been sourced from the Office for National Statistics (ONS), the Annual Population Survey (APS) and the UK Census. Wherever possible, the most recently available was used, ideally from ONS mid-2022 estimates, the 2021/2022 APS, or the Census 2021.

3.2.2   Notably however, for the Census 2021, most recent versions of many relevant datasets have not yet been released. Where 2021 datasets are not publicly accessible, Census 2011 data has been used instead. We have made recommendations throughout the baseline of where the Council should be particularly aware of upcoming data releases from the Census 2021.

3.2.3   Where other datasets are not available or do not exist, particularly around marginalised or at-risk communities, the baseline has been supplemented by conversations with relevant community members, representatives, or other spokespeople. These conversations will be clearly marked throughout the baseline as they appear and the links between the spokesperson and the community explained. In the forecasting section we discuss recommendations around qualitative and quantitative research that could be undertaken to improve knowledge of these communities.

3.2.4   In addition, where possible, the baseline features geographic comparators, including the South East and England, which will help to contextualise the West Berkshire baseline. These comparators will also help to highlight those key

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trends, opportunities, challenges and target demographics which are borne out of initial analyses of the baseline.

3.3   Geographic Indicators

3.3.1   The follow sections discuss datasets and information which will help to contextualise West Berkshire and uncover those issues that may be overlooked in only mapping those with protected characteristics or in other relevant groups. In particular, this discussion of West Berkshire's geography will highlight the differences between West Berkshire's urban and rural populations, unequal access to social and community infrastructure, and varied urban morphologies.

3.3.2   These datasets have been selected as they highlight some of the nuances of EDI issues across West Berkshire, as well as demonstrating trends that might be overlooked in assessing the district as a whole. Although West Berkshire's population may appear to fall in line with the 'average' for England, there are pockets of inequality which require closer scrutiny.

3.4   District Infrastructure

3.4.1   West Berkshire is generally very rural, dominated by the North Wessex Downs Area of Outstanding Natural Beauty (AONB) in the north and west. As illustrated in **Figure A**, some semi-urban clusters are distributed across the southern and eastern portions of the district.

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Figure A – Rurality across West Berkshire
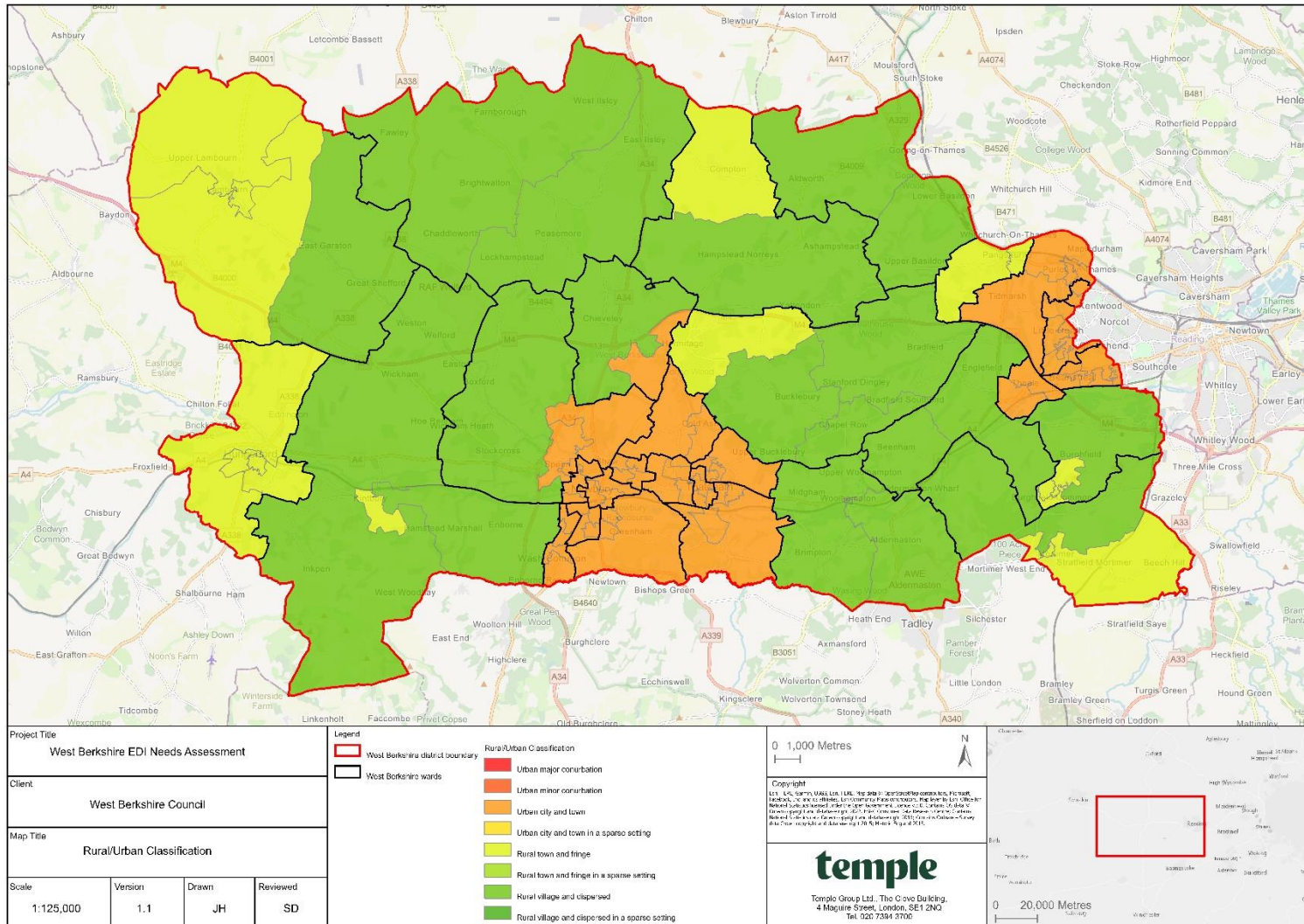
Source: Office for National Statistics, 2018

3.4.2   As illustrated in **Figure B**, public and private infrastructure, facilities and services are generally concentrated in the belt linking these two main semi-urban areas.

3.4.3   The rural nature of the eastern and northern parts of West Berkshire is important as rurality poses a number of challenges in terms of EDI. The most obvious challenge is the location of services. As people are so dispersed, so too are healthcare facilities, schools, food and other retail stores, and other public and private sector resources and amenities.

3.4.4   While a robust infrastructure and transport system would help to connect rural residents with necessary services, it is often difficult to construct these systems in such areas due to geographical constraints including the presence of hilly terrain or protected lands, like an AONB. It is also expensive to construct such systems and when the cost per person is higher, as is the case in more rural areas, it can be difficult to execute such needed development in a timely manner.

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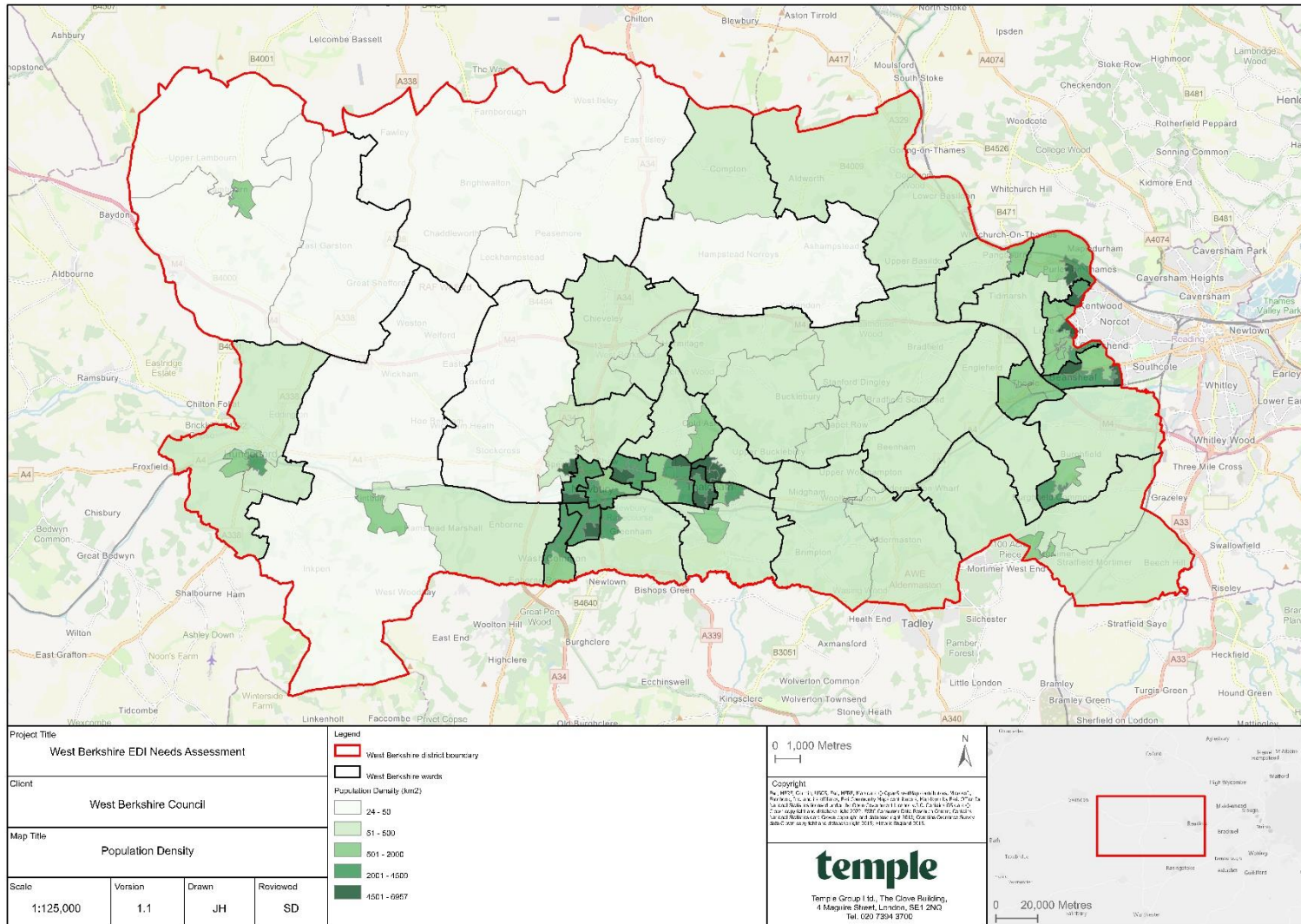## Figure B – Infrastructure across West Berkshire
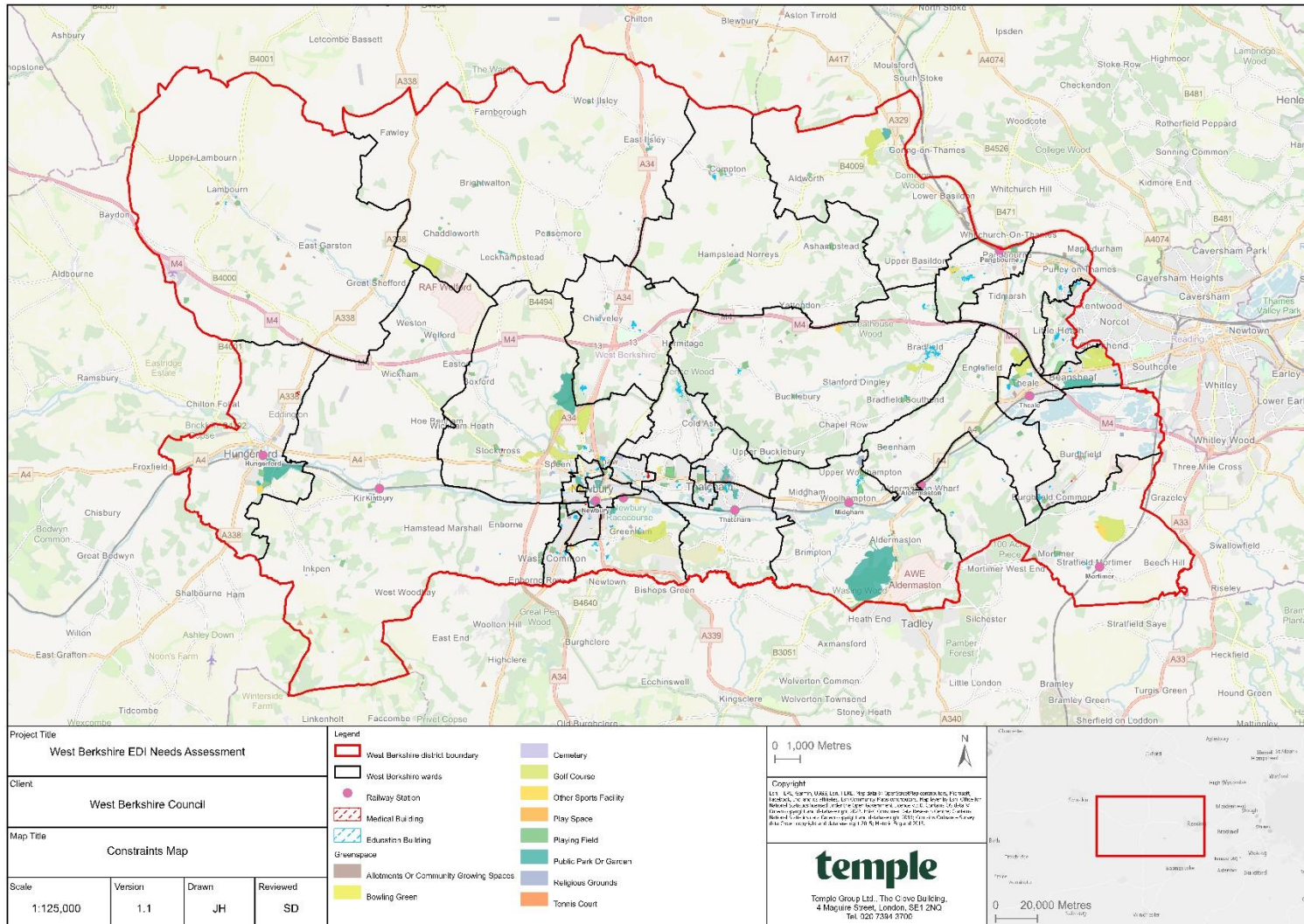
Source: West Berkshire Council, 2022

3.5 Population Density

3.5.1   West Berkshire's population is well distributed across the district, with only 225 people per hectare[2]. Nearly two thirds of the population live in the district's main urban centres at Newbury (28%) and Thatcham (16%) and in the Reading suburbs (20%). More than a third of residents (36%) live in the substantial rural areas and small settlements comprising the rest of the district. This distribution is depicted in **Figure C** below, with darker areas representing areas with higher population density.

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[2] West Berkshire Council, 2021. Your District: Facts and Figures. Available at: https://www.westberks.gov.uk/research#:~:text=West%20Berkshire%20has%20one%20of,with%20225%20people%20per%20hectare.

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Figure C – Population Density across West Berkshire

Source: West Berkshire Council, 2021

## 3.6   Urban Morphology and Land Uses

Neighbourhood Typologies

3.6.1   To provide an overview of the neighbourhood types within West Berkshire and their prevalence, we have used the Classification of Multidimensional Open Data of Urban Morphology (MODUM)[3] from the Consumer Data Research Centre (CDRC). MODUM collates open data on features of the built environment to create typologies categorising neighbourhoods based on these features. Typologies are based on a number of physical attributes such as street and railway networks, green spaces, retail facilities and historic buildings.

3.6.2   **Countryside Sceneries** are, by far, the most common neighbourhood typology found in West Berkshire. Countryside Sceneries are found in or near open countryside and are dotted with primarily detached houses. Most rural villages are classed as Countryside Sceneries, as are some city fringe developments at the very edge of urban and suburban development.

3.6.3   West Berkshire also has a significant proportion of **Suburban Landscapes** and **Waterside Settings**, which dispersed among these Countryside Sceneries and are less rural but not yet truly urban. Suburban Landscapes are generally residential areas comprised of semi-detached houses in cul-de-sacs or other organised developments, near schools and parks, and far from town centres. Waterside Settings are defined by their proximity to aquatic features such as rivers, canals or the sea, although in the case of West Berkshire only inland water sources are present. These neighbourhoods are comprised of a wider range of uses such as villages, ports, industrial or post-industrial sites, and large infrastructure.

3.6.4   West Berkshire's more urban areas are comprised of **High Streets and Promenades**, **Old Towns** and some **Central Business Districts**. High Streets and Promenades are easily distinguishable areas representing the main commercial and retail centres of urban development, and they are often comprised of pedestrianised street networks. Old Towns are the traditional town centre and are usually located near to the main high street. These relatively low-density areas are defined by the presence of a large number of registered buildings, recreational facilities, administrative buildings and historical features. Although less common than High Streets and Promenades, and Old Towns, West Berkshire does have some Central Business Districts. Also known as city centres, these neighbourhoods are primarily comprised of high-

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[3] Alexandros, A., et al., 2016. A Classification of Multidimensional Open Data of Urban Morphology. *Built Environment*, Volume 42, Number 3, Autumn 2016, pp. 382-395(14). Available at: https://doi.org/10.2148/benv.42.3.382.

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rise commercial and office spaces and tend to have good access to amenities and transport routes.

3.6.5 Finally, **Victorian Terraces** and **Railway Buzz** neighbourhoods make up the remaining neighbourhood typologies in West Berkshire. These areas tend to be on the outskirts of urban development and are dominated by Victorian-era terraced housing, in the case of the Victorian Terraces, and rail-centric infrastructure including stations and tracks, in the case of the Railway Buzz, although they have no other major distinguishing characteristics.

3.6.6 This data is illustrated in **Figure D** and should be considered in conjunction with **Figure A**, **Figure B** and **Figure C**, as these datasets all highlight the urban-rural split across West Berkshire. The built environment and urban settings have a powerful impact on numerous equalities issues, greatly affecting access to educational, economic, health and other resources and associated opportunities.

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Figure D – Neighbourhood Typologies across West Berkshire
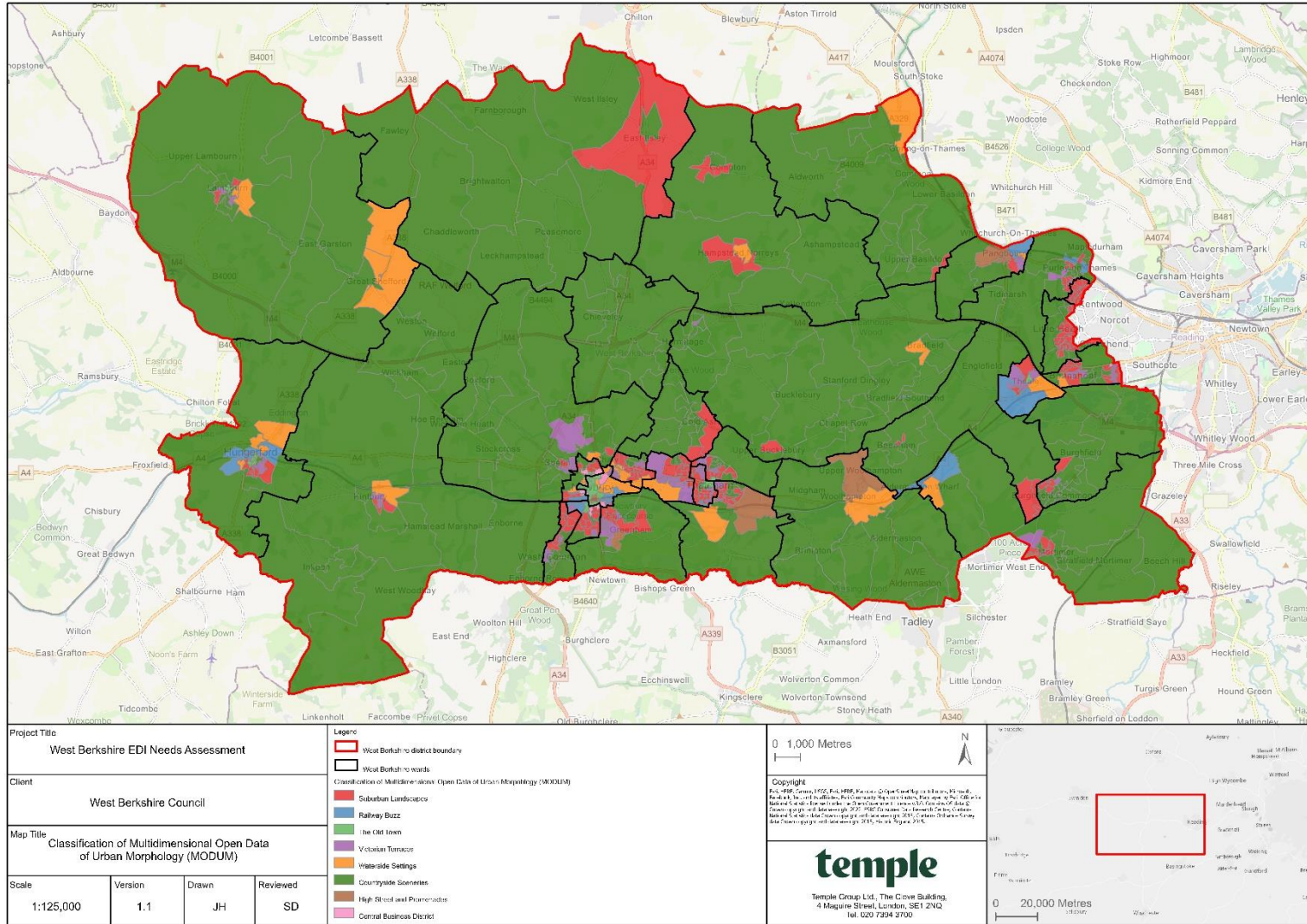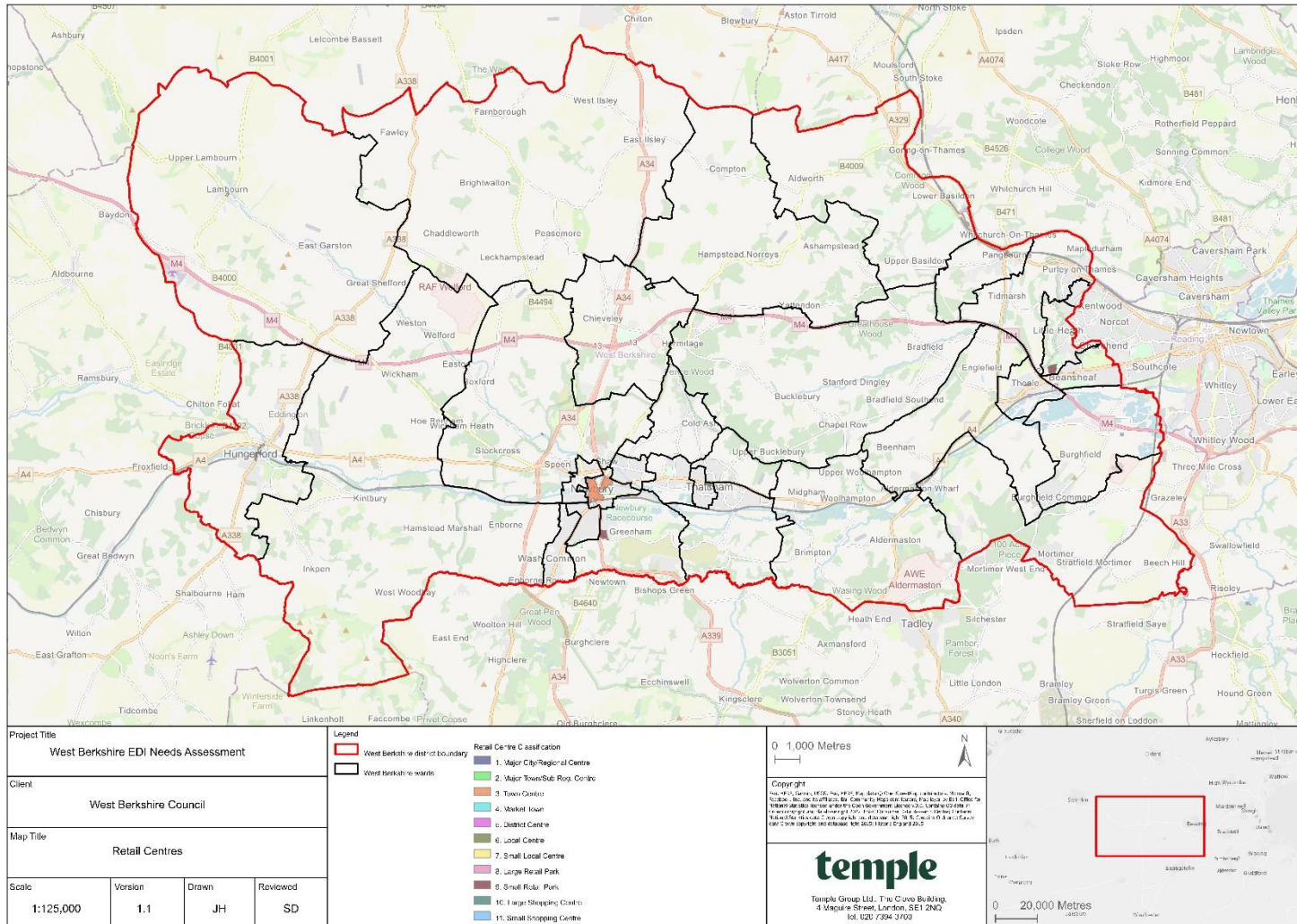

Source: CDRC, 2022

Retail Centres

3.6.7   The CDRC Retail Centre Boundaries are a hierarchical classification based on location, retail count, density, and function, and are intended to identify the prominence of retail centres within a given area[4]. The eleven retail centre types as defined by the CDRC include major city / regional centres, major town / subregional centres, town centres, market towns, district centres, local centres, small local centres, large retail parks, small retail parks, large shopping centres and small shopping centres.

3.6.8   Based on the CDRC's classifications, major retail centres in West Berkshire are generally linked to urban or semi-urban centres including Newbury, Thatcham, Hungerford, Lambourn, Theale, Pangbourne and the Reading suburbs, as depicted in **Figure E** below. The locations of these retail centres and areas of higher population density align with the location of relevant MODUM neighbourhood typologies including High Streets and Promenades, Old Towns, Central Business Districts, Suburban Landscapes and Railway Buzz.

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[4] Consumer Data Research Centre, 2022. Retail Centre Boundaries and Open Indicators. Available at: https://data.cdrc.ac.uk/dataset/retail-centre-boundaries-and-open-indicators.

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Figure E – Retail Centres across West Berkshire

Source: CDRC, 2022

Unused Land

3.6.9   While West Berkshire does not feature a great deal of brownfield land, the Brownfield Land Register does feature some large brownfield sites which are potentially suitable for residential development in and around Newbury and Compton[5]. England does not currently provide data on the prevalence of vacant and derelict land in the country.

3.7   Socio-Economic Indicators

3.7.1   The follow section highlights socio-economic data that elucidates the implications of the geographic indicators described above, as well as providing greater context for the issues to which some demographics will be more vulnerable. The datasets below have been selected as most relevant to this needs assessment as they utilise national data sources to highlight the various factors that may affect equalities outcomes.
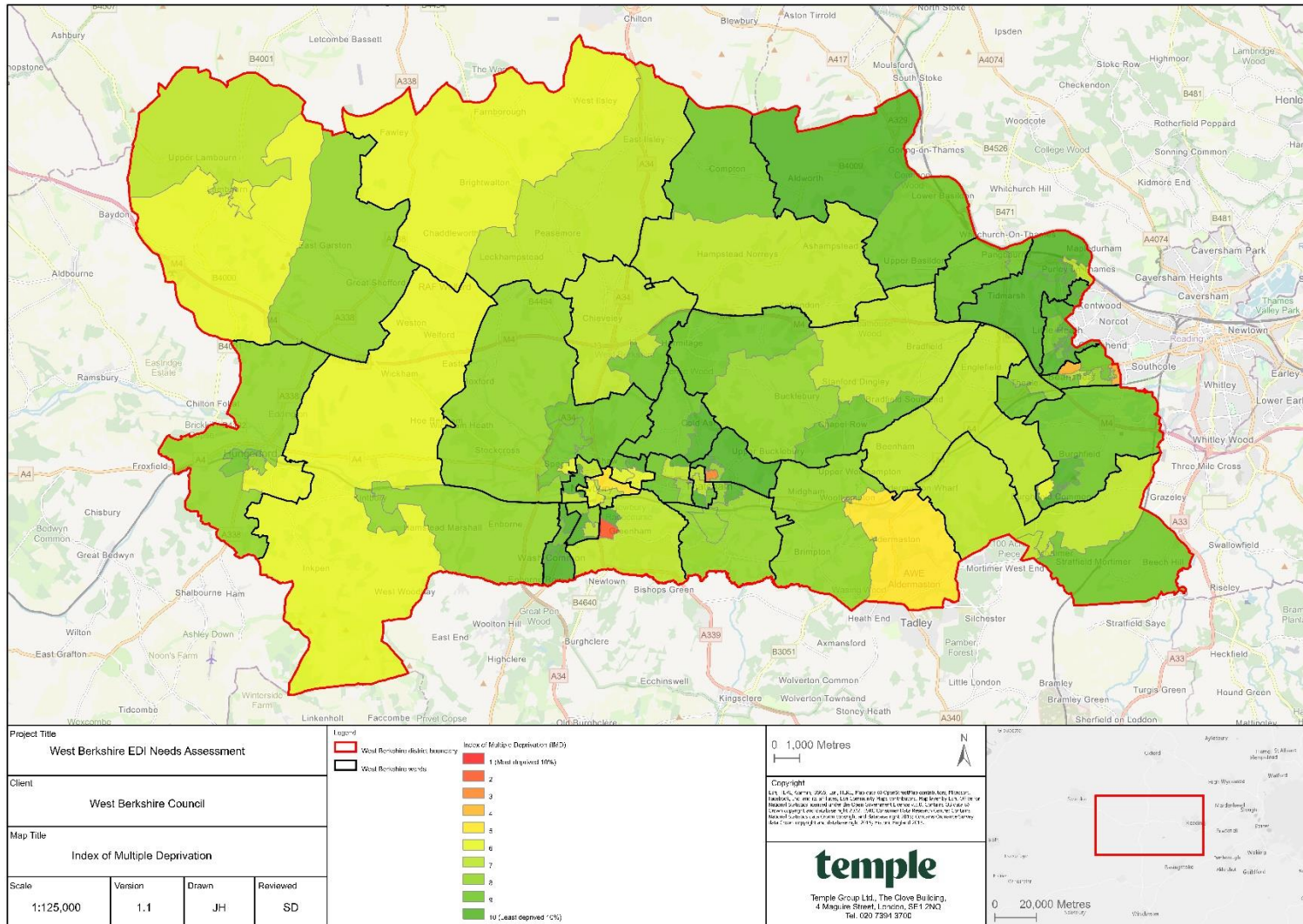
3.8   Deprivation

3.8.1   The English Indices of Deprivation 2019[6] (EID 2019) is the official measure of deprivation in England and provides a useful illustration of relative inequality within local authorities. The EID 2019 is based on seven distinct domains of deprivation: income, employment, education and skills training, health deprivation and disability, crime, barriers to housing and services and living environment, which are combined and weighted to form the overall index. Individuals living in areas of higher deprivation are more likely to experience inequalities based on the various domains which contribute to this deprivation.

3.8.2   As a whole, West Berkshire's Lower Layer Super Output Areas (LSOAs), which are the smallest geographic areas assessed in the EID 2019, do not show significant signs of deprivation, with the vast majority scoring in the 6th to 10th decile for overall deprivation. This places these 91 LSOAs amongst the 50% *least* deprived LSOAs in the country.

3.8.3   However, West Berkshire does have six LSOAs scoring in the 1st to 5th deciles, or amongst the 50% *most* deprived in the country. These LSOAs are generally clustered in and around the district's more urban areas, including Newbury and Thatcham in the south, the Reading suburbs in the east, and Aldermaston in the southeast, as depicted in the amber and red areas on **Figure F** below.

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[5] West Berkshire Council, 2019. Brownfield Land Register. Available at: https://info.westberks.gov.uk/brownfieldlandregister.

[6] Ministry of Housing, Communities & Local Government, 2019. English Indices of Deprivation 2019. Available at: https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019.

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Figure F – Deprivation across West Berkshire (overall EID 2019 score by decile)

Source: Ministry of Housing, Communities & Local Government, 2019

3.8.4 Although West Berkshire as a whole does not see high rates of deprivation, these six LSOA which are amongst the 50% most deprived in the country are more at risk of equalities-related issues based on their scores in each of the domains of deprivation. The individual scores for each domain of deprivation for West Berkshire's most deprived LSOAs are included in **Table 3.1** below.

Newbury and Thatcham

3.8.5 In Newbury, LSOAs West Berkshire 019B (Newbury Clay Hill ward) and West Berkshire 020B (Newbury Greenham ward) are ranked in the 5th and 2nd deciles for overall deprivation respectively. West Berkshire 020B faces particular deprivation as it is amongst the 20% most deprived LSOAs in England and scores particularly poorly in the domains of income (2nd decile), employment (2nd decile) and education and skills training (1st decile).

3.8.6 In Thatcham, West Berkshire 016E (Thatcham North East ward) is ranked in the 3rd decile for overall deprivation. It also scores particularly poorly in the domains of income (3rd decile), employment (3rd decile) and education and skills training (2nd decile).

Reading Suburbs

3.8.7 Near Reading, West Berkshire 006E (Tilehurst Birch Copse ward) and West Berkshire 008A (Tilehurst South & Holybrook ward) are both ranked in the 4th decile for overall deprivation. West Berkshire 006E scores particularly poorly in the domains of income (3rd decile), employment (3rd decile) and education and skills training (2nd decile). West Berkshire 008A scores particularly poorly in the domains of education and skills training (3rd decile) and barriers to housing and services (1st decile).

Aldermaston

3.8.8 Around Aldermaston, West Berkshire 011A (Aldermaston ward), is ranked in the 5th decile for overall deprivation. It scores particularly poorly in the domains of barriers to housing and services (1st decile) and living environment (2nd decile).

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Table 3.1 – Domains of Deprivation in at-risk LSOAs (overall EID 2019 score and individual domain scores by decile)

	Overall	Income	Employment	Education and Skills Training	Health Deprivation and Disability	Crime	Barriers to Housing and Services	Living Environment
West Berkshire 019B	**5**	4	4	4	7	5	7	4
West Berkshire 020B	**2**	2	2	1	4	4	6	9
West Berkshire 016E	**3**	3	3	2	4	5	5	8
West Berkshire 006E	**4**	3	3	2	4	5	9	9
West Berkshire 008A	**4**	5	4	3	6	6	1	10
West Berkshire 011A	**5**	5	7	6	7	9	1	2

← More deprived   Less deprived →

Source: Ministry of Housing, Communities & Local Government, 2019

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3.9   Digital Exclusion

3.9.1   The Internet User Classification (IUC) describes how people interact with the internet in the UK, as well as common reasons for this behaviour based on national trends[7]. It is a useful tool to consider when assessing inequalities as it provides more detail about how people interact with the internet based on location, age and various socio-economic indicators[8].

3.9.2   **e-Rational Utilitarians** (40%) is the most common IUC in West Berkshire. These users tend to be more prevalent in rural areas and use the internet to access service applications, such as online grocery shopping or banking, rather than for entertainment or communication. This may be due to these areas having constrained internet speeds which limits the functionality of websites requiring faster connections.

3.9.3   The next most common IUC in West Berkshire is the **e-Veteran** (29.6%). These users tend to accumulate around cities and in suburbs, and are a more mature, affluent and engaged population of users. They generally use a range of devices in a variety of ways, particularly for information seeking and online services.

3.9.4   **e-Mainstream Users** (16.3%) are the next most prevalent class in West Berkshire. These users are usually found in heterogenous neighbourhoods at the periphery of urban areas, represent a wide range of socio-economic groups and exhibit average internet usage characteristics.

3.9.5   West Berkshire also contains a small proportion of **Passive and Uncommitted Users** (6.7%) and **Digital Seniors** (5.2%). Passive and Uncommitted Users generally reside in suburban or semi-rural areas, tend to hold semi-skilled or blue-collar jobs, and have limited to no interaction with the internet. This lack of interaction is likely because access to broadband is limited and not a requirement of professional life. Digital Seniors also generally reside in semi-rural areas, although they tend to be retired and relatively affluent, and rarely use the internet, though they may use it for information seeking and financial or other services applications. Again, this lack of interaction is likely because access to broadband is limited and not a requirement of professional life.

3.9.6   The least represented IUCs in the district are **e-Professionals** (0.7%), **Youthful Urban Fringe** (0.7%) and **Settled Offline Communities** (0.7%). E-Professionals are largely young, urban professionals with significant experience interacting

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[7] Consumer Data Research Centre, 2022. Internet User Classification. Available at: https://data.cdrc.ac.uk/dataset/internet-user-classification.

[8] Singleton, A., et al., 2020. Mapping the geodemographics of digital inequality in Great Britain: An integration of machine learning into small area estimation. *Computers, Environment and Urban Systems*, Volume 82, July 2020. Available at: https://doi.org/10.1016/j.compenvurbsys.2020.101486.

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with the internet in a variety of settings and for a variety of tasks. The low prevalence of this user class in West Berkshire may be attributed to the corresponding dip in population size amongst people in their early- to mid-20s, as West Berkshire has a relatively small proportion of people in this age bracket (see **Figure I**).

3.9.7 Youthful Urban Fringe users often reside at the edge of materially deprived, urban communities and tend to use the internet for social media, although their overall engagement is average. The low prevalence of this user class in West Berkshire may be attributed to the corresponding lack of urban centres.

3.9.8 Finally, Settled Offline Communities tend to be comprised of older, retired people living in semi-rural areas who rarely engage with the internet except for information seeking and limited online shopping. This lack of engagement may be largely contributed to rare or even no internet access.

3.9.9 The clustering of IUCs across West Berkshire helps to illustrate the implications of West Berkshire's urban-rural split and provides possible reasons for why different communities interact with the internet differently. Rural areas, in West Berkshire and across the country, are not just categorised by geographic or physical indicators such as population density, infrastructure or architecture. They also demonstrate socio-economic trends which can have adverse implications in terms of equal access to vital services and opportunity.

3.9.10 A map illustrating the geographic dispersion of these IUCs is included in **Figure G** below, highlighting the clustering of various IUCs in different geographic areas across the district.

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**Figure G – Internet User Classifications across West Berkshire**
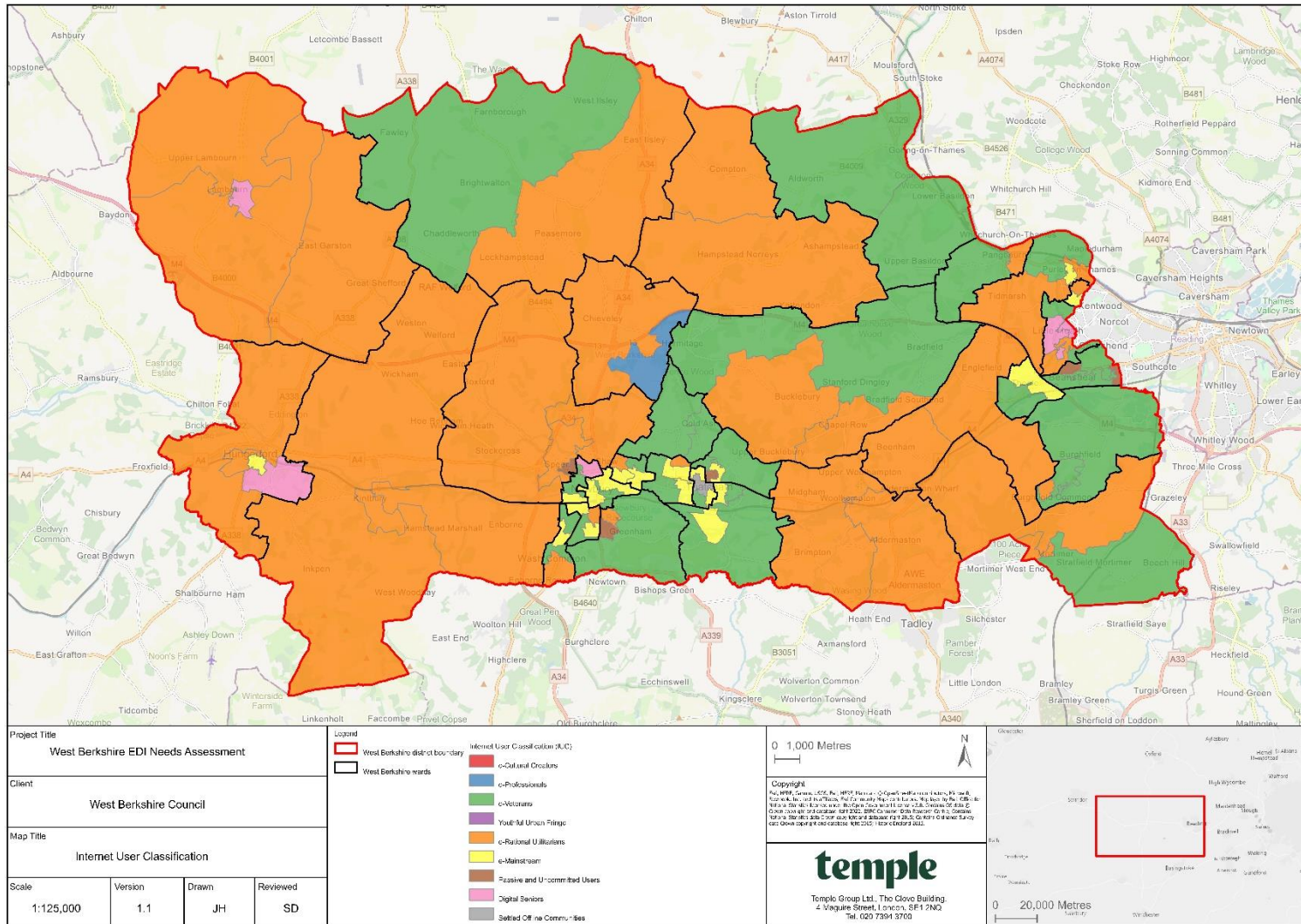
Source: CDRC, 2022

3.10 Food Deserts

3.10.1 Food deserts are defined as areas with limited access to affordable and nutritious food. They tend to be inhabited by residents in lower income brackets with poor access to transportation, which make them less desirable to major supermarket chains that would supply fresh, whole foods. This often results in a concentration of fast-food takeaways and other convenience food outlets, which in turn can contribute to poor health outcomes such as obesity and diabetes.

3.10.2 The e-Food Desert Index (EFDI) measures the extent to which neighbourhoods exhibit those characteristics associated with food deserts including: 1) proximity and density of grocery retail facilities, 2) transport and accessibility, 3) neighbourhood socio-economic and demographic characteristics, and 4) e-commerce availability and propensity[9].

3.10.3 In West Berkshire, food deserts are more prevalent in more rural areas of the district, which corresponds with the relative lack of retail facilities, infrequent public transportation and limited internet access. Conversely, food deserts are less prevalent in and around urban centres like Newbury, Thatcham and Reading where there are more retail facilities, more comprehensive public transport routes and greater internet use.

3.10.4 The prevalence of food deserts across West Berkshire again illustrates the divide between those occupying urban and rural areas, further demonstrating the broader challenges facing those living in different areas within the district.

3.10.5 Although this data reinforces broader issues around rural access, it is important to keep in mind that there are many complex factors beyond the scope of this report that can affect individual equalities outcomes such as income, access to private transport and overall health indicators.

3.10.6 **Figure H** below shows the prevalence of food deserts across West Berkshire, with areas shown in amber and red having more food deserts.

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[9] Consumer Data Research Centre, 2022. E-food Desert Index. Available at: https://data.cdrc.ac.uk/dataset/e-food-desert-index.

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**Figure H – Food Deserts across West Berkshire**

Source: CDRC, 2022

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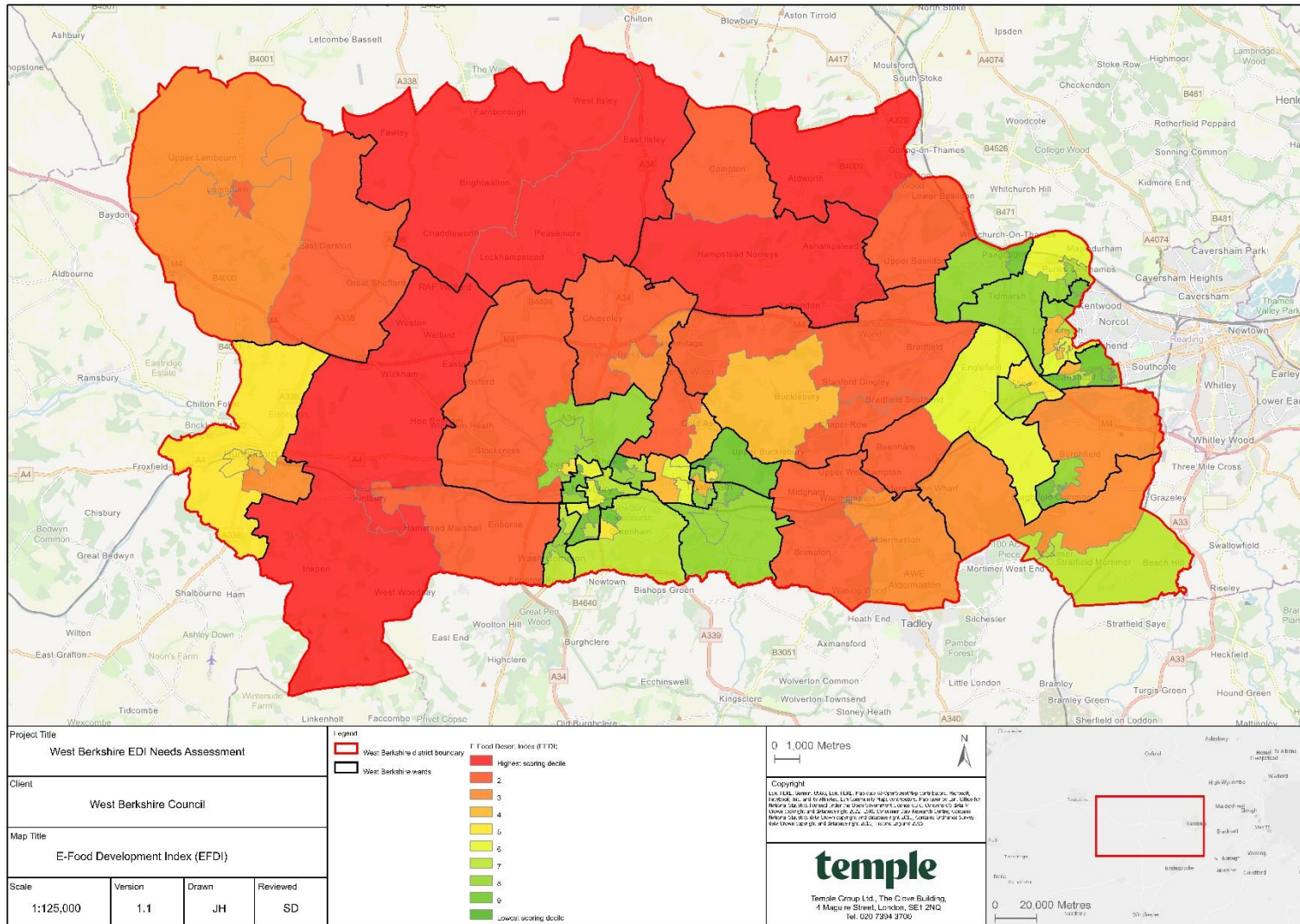
3.11   Fuel Poverty

3.11.1   Fuel poverty is determined using the Low Income Low Energy Efficiency (LILEE) indicator which considers household income, household energy requirements and fuel prices[10]. A household is defined as fuel poor if: 1) the household occupies a property with a fuel poverty energy efficiency rating of band D or lower and 2) if spending the minimum required to heat the home leaves the household with a residual income which is below the poverty line.

3.11.2   Generally, West Berkshire has fewer households experiencing fuel poverty (6.6%) than both the South East (7.9%) and England (10.3%)[11]. As was the case regarding overall deprivation, digital exclusion and food deserts, households that are more likely to experience fuel poverty tend to be distributed across more rural areas in the district while households that are less likely to experience fuel poverty are in more urban areas.

3.11.3   This data is particularly pertinent now as the UK is currently facing rapidly rising fuel costs and a cost-of-living crisis. As fuel, and other necessities, become more expensive, the gap between those experiencing fuel poverty and not will likely continue to grow and the Council may need to offer additional support to those struggling most.

3.11.4   That said, as above, although this data reinforces broader issues around rural access, it is important to keep in mind that there are many complex factors beyond the scope of this report that can affect individual equalities outcomes such as income, access to private transport and overall health indicators.

3.11.5   **Figure I** below shows the distribution across West Berkshire of households facing fuel poverty. The areas shown in amber and red have the highest proportions of fuel poor households.

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[10] Department for Business, Energy & Industrial Strategy, 2022. Fuel poverty statistics. Available at: https://www.gov.uk/government/collections/fuel-poverty-statistics.

[11] Department for Business, Energy & Industrial Strategy, 2020. Sub-regional fuel poverty data 2020. Available at: https://www.gov.uk/government/statistics/sub-regional-fuel-poverty-data-2020.

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Figure I – Households Experiencing Fuel Poverty (%)
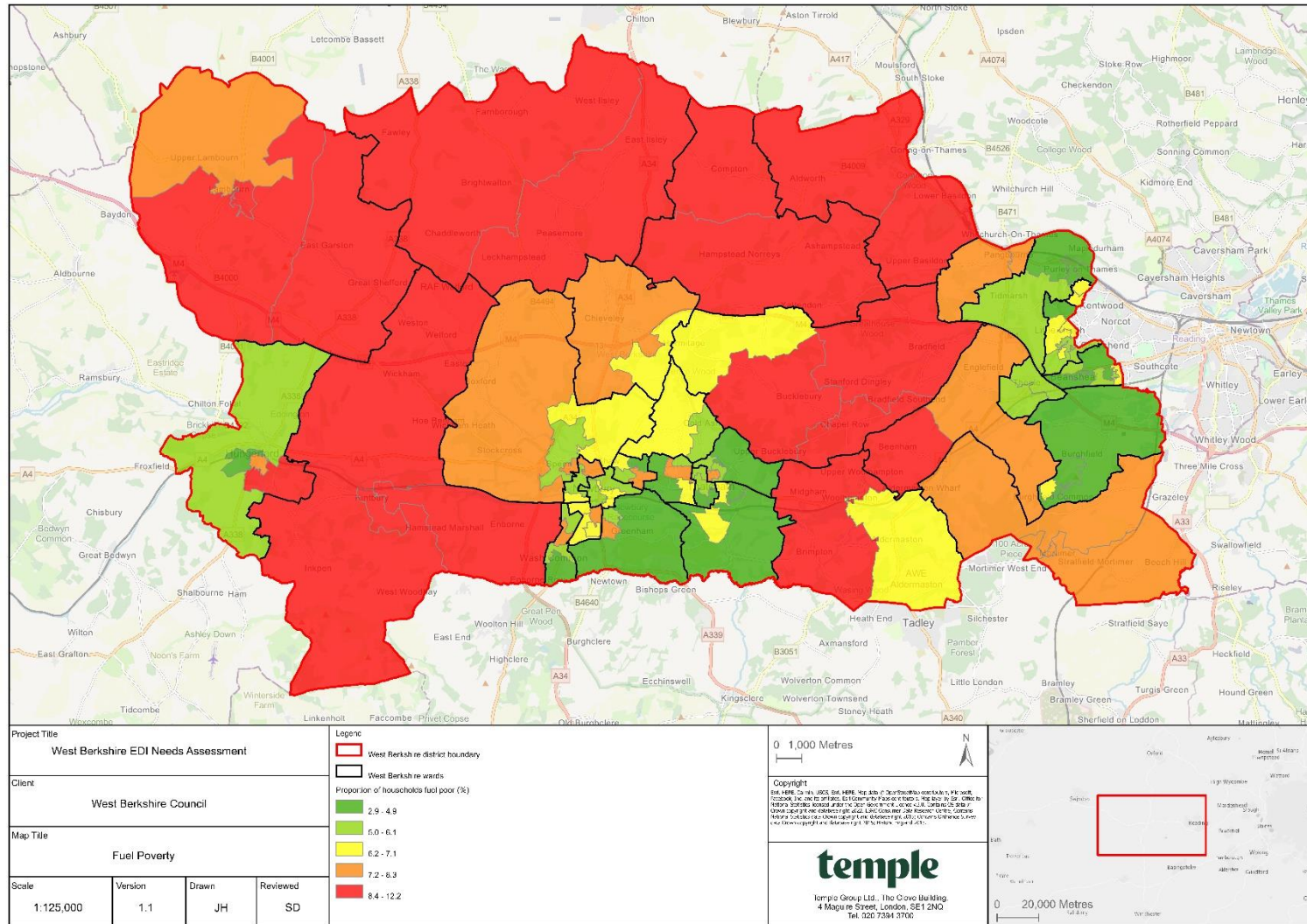
Source: Department for Business, Energy & Industrial Strategy, 2020

3.12 Protected Characteristics

3.12.1 This section outlines key data regarding the core protected characteristics outlined in the Equality Act, as well as additional commentary on the implications of these figures.

Age

3.12.2 Overall, the age distribution of West Berkshire's population is consistent with trends seen across the South East and England, with most residents between 15 and 64 years of age (62.7%), and the rest closely split between children aged 14 and younger (17.17%) and older people aged 65 and older (19.6%).

Table 3.2 – Population by Age (under 15 years, 15 – 64 years, over 64 years)

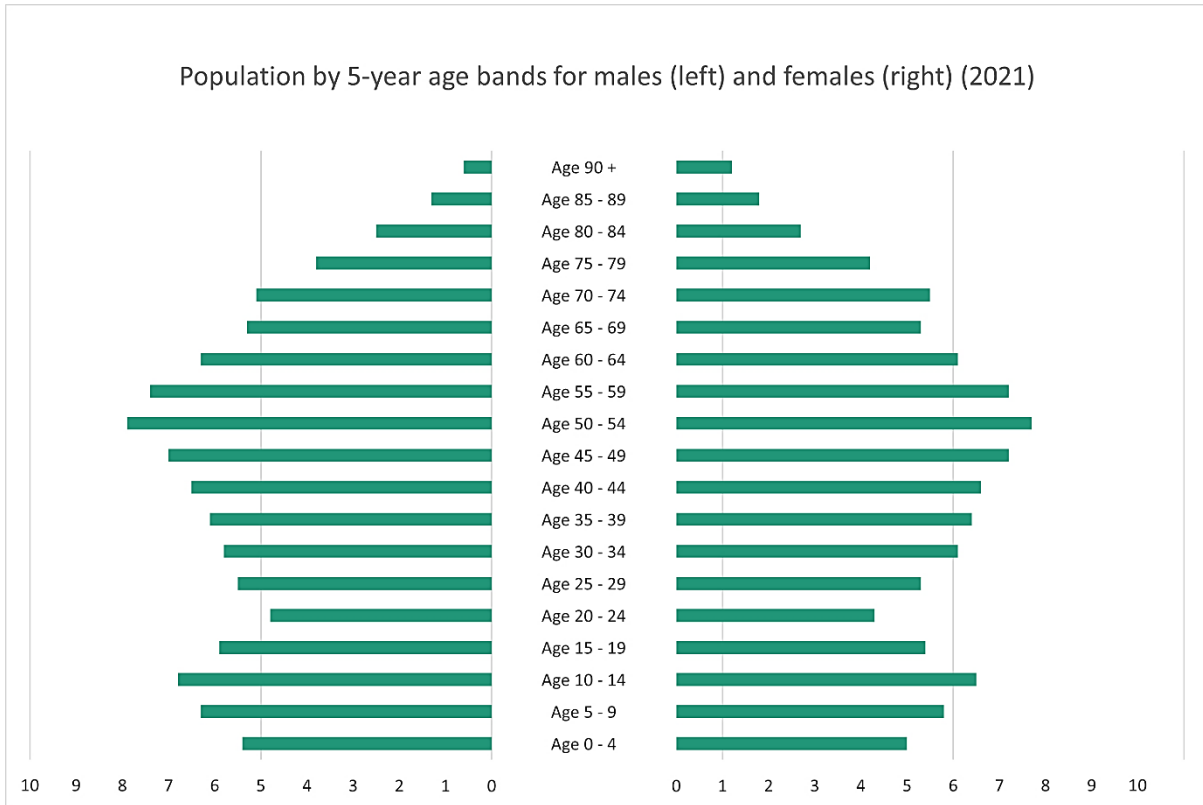|	West Berkshire		South East		England	
	Population	%	Population	%	Population	%
Under 15 years	28,600	17.7	1,616,500	17.4	9,838,700	17.4
15 – 64 years	101,200	62.7	5,857,300	63.1	36,249,800	64.2
Over 64 years	31,600	19.6	1,804,300	19.4	10,401,200	18.4

Source: ONS, Census 2021

3.12.3 Generally, population distribution based on age is expected to follow a bell curve, with fewer residents occupying the age brackets at either end of the spectrum. A bell curve that shows more younger people indicates a growing population, while a curve showing more older people indicates an ageing population.

3.12.4 In West Berkshire, the population follows a largely recognisable bell curve shape, with a larger younger population indicating overall growth. One significant deviation from the standard bell curve is the significant dip in population size between the 10 to 14 year and 20 to 24 year age bracket. From the 25 to 29 year age bracket the population size steadily increases again before falling as expected as the population ages. The lack of universities in the area is the most likely explanation for this dip, as 17 to 24 year olds pursue higher education and take graduate jobs in other areas, before returning to West Berkshire in their late 20s to raise families.

3.12.5 It is important to consider the various age groups present within West Berkshire as different age groups have different needs and therefore different relationships to EDI issues. For example, children and young people will be

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more directly impacted by access to education, working age adults will be more susceptible to changes in regional employment opportunities, and older people will be more reliant on healthcare services.

Figure J – Population by Age (overall distribution, males and females)

Population by 5-year age bands for males (left) and females (right) (2021)

Source: ONS, Census 2021

Sex

3.12.6   West Berkshire's population is evenly divided between females (50.6%) and males (49.4%), and this split is consistent with distributions of the sexes across both the South East and England more broadly. As there is no disproportionality between male and female populations, limited inferences can be made about their implications. According to ONS 2020 data there is also no significant difference among the majority of LSOAs in terms of the ratio of females to males.

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Table 3.3 – Population by Sex

	West Berkshire		South East		England	
	Population	%	Population	%	Population	%
All persons	161, 400		9,278,100		56,489,800	
Females	81,700	50.6	4,738,800	51.1	28,833,500	51.0
Males	79,700	49.4	4,539,300	48.9	27,656,300	49.0

Source: ONS, Census 2021

3.12.7   Looking at the distribution of females and males across various age brackets, it is apparent that West Berkshire's female population is generally older than its male population. 20.7% of the female population is 65 years and older while only 18.6% of the male population is 65 and older[12]. This trend continues with age, with 5.7% of the female population aged 80 years and older and only 4.4% of the male population aged 80 years and older. This is consistent with trends across England, as 19.6% of the national female population is 65 years and older and 5.8% is 80 years and older, while only 17.3% of the national male population is 65 years and older and 4.2% is 80 years and older.

3.12.8   This discrepancy is important to note as women tend to live longer than men and older people are likely to face greater health challenges, indicating that the Council may need to address individual elements of aging populations in different ways. More information regarding the context and implications of these statistics should be addressed in the health-related needs assessment being conducted in parallel to this work.

Race

3.12.9   West Berkshire is not a particularly ethnically diverse area, with most residents identifying as White (94.8%) rather than as a non-White ethnic minority (5.2%). This is both less ethnically diverse than across the South East (90.7% White) and across the whole of England (85.4% White).

3.12.10   Of the West Berkshire residents who identify as a non-White ethnic minority, most residents identify as Asian / Asian British (2.5%), Black / African /

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[12] Office for National Statistics, 2022. Population and household estimates, England and Wales: Census 2021. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationandhouseholdestimatesenglandandwalescensus2021.

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Caribbean / Black British (0.9%) or mixed / part of multiple ethnic groups (1.6%). Only 0.2% identify as being part of another ethnic group. These figures are proportionally lower than across the South East and England.

Table 3.4 – Population by Ethnicity (White and non-White ethnic minority)

	West Berkshire	South East	England
White (%)	94.8	90.7	85.4
Asian / Asian British (%)	2.5	5.2	7.8
Black / African / Caribbean / Black British (%)	0.9	1.6	3.5
Mixed / multiple ethnic groups (%)	1.6	1.9	2.3
Other ethnic group (%)	0.2	0.6	1.0

Source: ONS, Census 2011

3.12.11   Among the district's White residents, it is worth taking a closer look at the sometimes overlooked and often hard-to-measure Gypsy, Traveller and Roma population. According to official Census records, Gypsies and Travellers make up only 0.1% of West Berkshire, which is consistent with rates across the South East and England, although they frequently represent "some of the most disadvantaged people in the country".

3.12.12   Furthermore, it is often difficult to determine exact figures for Gypsy, Traveller and Roma communities for a variety of reasons. The most obvious reason for this is the historic persecution by both state and individuals, resulting in a continued distrust in the government and government bodies. Members of these communities have also traditionally led a nomadic lifestyle without a fixed address and, according to the Census 2011, about one quarter of Gypsies and Travellers still do not live in a fixed dwelling such as a house, flat, maisonette or apartment[13].

3.12.13   Although little data is available regarding the prevalence of these communities within West Berkshire, conversations with Amanda Povey (Consultation and Engagement Officer at West Berkshire Council) suggest that they are generally

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[13] Women and Equalities Committee, 2019. Tackling inequalities faced by Gypsy, Roma and Traveller communities. Available at: https://publications.parliament.uk/pa/cm201719/cmselect/cmwomeq/360/full-report.html#content.

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found in rural areas and in the Lambourn Valley. Further research into the location and socio-economic status of community members would be useful to better assess their needs and community-specific challenges beyond the geographically-linked indicators described in **Sections 3.3 to 3.11**.

Table 3.5 – Population by Ethnicity (White and White ethnic minority)

	West Berkshire	South East	England
White British (%)	90.4	85.2	79.7
Gypsy / Traveller (%)	0.1	0.2	0.1
Irish (%)	0.8	0.9	1
Other White ethnic group (%)	3.5	4.4	4.6

Source: ONS, Census 2011

3.12.14 West Berkshire also has a small but significant refugee community, primarily comprised of Ukrainians and Afghanis. According to Sam Shepherd (Local Communities Programme Manager at West Berkshire Council), as of early September 2022, there were roughly 300 adults and 200 children from Ukraine with asylum status in West Berkshire, as well as 70 adults and 110 children from Afghanistan occupying two local hotels.

3.12.15 These families face a range of issues including finding housing, registering with schools and GPs, applying for bank accounts, learning English and registering for relevant courses, and securing residency permits. They are also intensely vulnerable given the often-distressing circumstances of their arrival in England generally and the fragility of their legal status. It is therefore imperative that these communities are connected to a strong network of services as quickly and smoothly as possible.

Religion and Belief

3.12.16 The religious affiliation of West Berkshire's population does not differ significantly from that of the Southeast or England. Most of the population has religion (66.2%) while only about a third has no religion or did not state a religion in the Census.

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Table 3.6 – Population by Religion (religiosity)

	West Berkshire	**South East**	**England**
Has religion (%)	66.2	65	68.1
Has no religion (%)	26.7	27.7	24.7
No religion stated (%)	7.2	7.4	7.2

Source: ONS, Census 2011

3.12.17 In terms of those who do have religion in West Berkshire, the majority identify as Christian (63.6%), which is consistent across the rest of the South East (59.8%) and England (59.4%). The most common minority religion is Islam (0.8%), which is again consistent across the South East (2.3%) and England (5%). In West Berkshire, Islam is closely followed by Hinduism (0.7%), then Buddhism (0.3%), Sikhism (0.2%) and Judaism (0.1%). The remaining proportion of residents who have religion identify as having some other religion (0.4%).

Table 2.7 – Population by Religion (religious affiliation)

	West Berkshire	**South East**	**England**
Christian (%)	63.6	59.8	59.4
Muslim (%)	0.8	2.3	5.0
Hindu (%)	0.7	1.1	1.5
Buddhist (%)	0.3	0.5	0.5
Sikh (%)	0.2	0.6	0.8
Jewish (%)	0.1	0.2	0.5
Other religion (%)	0.4	0.5	0.4

Source: ONS, Census 2011

Disability

3.12.18 Disabled people have a physical, psychological or learning impairment, which in turn often makes them inherently more vulnerable to EDI-related challenges.

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The ONS provides a series of comprehensive datasets regarding the intersection of disability and education, employment, housing, wellbeing and loneliness, which highlight the frequent disparity between disabled and non-disabled people[14]. Some of the core challenges facing disabled people more than their non-disabled counterparts include, but are not limited to, long-term conditions such as cancer, obesity and diabetes, and the need for ongoing financial, physical and mental health support[15].

3.12.19 According to Public Health England (PHE), 13.2% of West Berkshire residents report having a limiting long-term illness or disability, which is lower than the average across the South East (15.2%) and England (17.6%)[16].

3.12.20 According to Census data, the proportion of residents having a long-term illness or disability, whether limiting or not, is much higher, affecting the majority of the population (95.3%). Fortunately, the percentage of people whose day-to-day activities are limited in some way by these traits is much lower, impacting only about 12.5% of residents. These figures are largely consistent across the South East and England, although West Berkshire's residents are generally less impacted by life-limiting illnesses and disabilities.

Table 3.8 – Population by Disability

	West Berkshire	South East	England
Possessing a long-term illness or disability (%)	13.2	15.2	17.6
Day to day activities limited a lot (%)	5.1	6.4	7.8
Day to day activities limited a little (%)	7.4	8.2	8.8
Day to day activities not limited (%)	82.7	78.4	77.3

Source: ONS, Census 2011

3.12.21 In terms of learning disabilities, children in West Berkshire are generally less likely to have a learning difficulty than their peers across the country, although

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[14] Office for National Statistics, 2021. Disability. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability.

[15] Office for National Statistics, 2022. Disability pay gaps in the UK: 2021. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/disabilitypaygapsintheuk/2021.

[16] Public Health England, 2022. Local Health. Available at: https://fingertips.phe.org.uk/profile/local-health/data#page/0/gid/1938133184/pat/6/par/E12000008/ati/402/are/E06000037/yrr/1/cid/4/tbm/1.

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the district does see slightly higher rates of Profound and Multiple Learning Difficulties (1.6%) compared to the South East (1.1%) and England (1.3%). West Berkshire also has a higher proportion of children with Autism (33.5%) compared to the South East (19.3%) and England (18%).

Table 3.9 – Population by Learning Disability

	West Berkshire	**South East**	**England**
Children with learning difficulties known to schools (%)	18.0	31.4	34.4
Children with Moderate Learning Difficulties known to schools (%)	12.7	26.6	29.1
Children with Severe Learning Difficulties known to schools (%)	3.7	3.7	4.0
Children with Profound and Multiple Learning Difficulties known to schools (%)	1.6	1.1	1.3
Children with Autism known to schools (%)	33.5	19.3	18.0
Adults with a learning disability receiving long-term local authority support (%)	3.8	3.3	3.5

Source: PHE, Learning Disability Profiles 2020

Pregnancy and Maternity

3.12.22 Overall, pregnant people in West Berkshire see good outcomes in regard to pregnancy and maternity figures. West Berkshire's Total Fertility Rate (TFR) (1.78) is higher than that of the South East (1.7) and England (1.62), indicating that more people who conceive in West Berkshire successfully carry the baby to term. TFR is a better indicator of overall fertility trends than the number of live births as it accounts for the size and age structure of a female population, including viable childbearing years. In addition, West Berkshire generally has lower rates of stillbirths (2.6) than the South East (3.6) and England (4.1).

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Table 3.10 – Fertility Rates

	West Berkshire	South East	England
Total Fertility Rate (TFR)	1.78	1.7	1.62
Stillbirth rate	2.6	3.6	4.1

Source: APS, 2021

3.12.23 It is also worth noting that children born in West Berkshire are likely to be healthier than those born across the South East and England, as mothers in West Berkshire are more likely to have early access to maternity care. In addition, mothers are less likely to be obese and smoke during early pregnancy, to smoke at the time of birth, and to have babies with a low birth weight.

Table 3.11 – Maternal and Natal Health

	West Berkshire	South East	England
Early access to maternity care (%)	65.7	**	57.8
Obesity in early pregnancy (%)	19.4	20.9	22.1
Smoking in early pregnancy (%)	11.1	11.3	12.8
Smoking at time of delivery (%)	6.2	9.0	9.6
Low birth weight of term babies (%)	2.2	2.6	2.9

Source: PHE, 2021

** Value not available.

3.12.24 More information regarding the implications of maternal health and other indicators, as well as the context and implications of the above statistics, should be addressed in the health-related needs assessment being conducted in parallel to this work.

Sexual Orientation

3.12.25 Sexual orientation is an 'umbrella term' used in the Annual Population Survey (APS) which broadly intends to capture sexual identity, attraction and behaviour

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rather than specific, detailed trends and associated issues[17]. According to the APS, sexual orientation is useful as a tool to help identify one component of sexual orientation, especially in relation to EDI challenges such as disadvantage and discrimination, but should not be used to identify sexual attraction or behaviour.

3.12.26 While current, reliable datasets capturing sexual orientation within West Berkshire are not readily available, according to experimental research statistics from 2017 the vast majority of West Berkshire's population appears to identify as heterosexual[18]. Per the 2020 APS, the same appears to hold true across England, however this figure has been steadily declining since questions about sexual identity, later sexual orientation, were first introduced to the APS in 2014[19].

3.12.27 As sexual orientation continues to gain traction in the public sphere, not least because it is included as a protected characteristic under the Equality Act, more comprehensive and up to date datasets will become available. For example, the Census 2021 includes questions regarding sexual identity and orientation, the results of which will be published later this year.

Gender Reassignment

3.12.28 Gender reassignment, much like sexual orientation, is difficult to track statistically because there are few reliable datasets available, especially at the local level. However, also like sexual orientation, gender reassignment is becoming more of a mainstream topic of discussion among both the public and public bodies.

3.12.29 As such, the Census 2021 also includes questions about gender reassignment, or those whose gender identity is different to the sex they were registered at birth[20]. Although this data has not yet been published, it will help to provide a clearer picture of who may possess this characteristic and what broader EDI-related challenges they may face.

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[17] Office for National Statistics, 2022. Sexual identity. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality.

[18] Office for National Statistics, 2017. Subnational sexual identity estimates, UK: 2013 to 2015. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/articles/subnationalsexualidentityestimates/uk2013to2015#sexual-identity-local-authorities.

[19] Office for National Statistics, 2022. Sexual orientation, UK: 2020. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2020.

[20] Office for National Statistics, 2022. Exploring existing data on gender identity and sexual orientation. Available at: https://www.ons.gov.uk/methodology/classificationsandstandards/measuringequality/genderidentity/exploringexistingdataongenderidentityandsexualorientation.

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Marriage and Civil Partnership

3.12.30   Generally, West Berkshire sees higher rates of marriage (54.1%) than the rest of the South East (49.3%) and England (46.6%), although rates of same-sex civil partnerships are broadly the same across all regions (0.2%). The district also sees marginally lower rates of divorce (8.8%) and legal separation (2.3%) than the South East (9.1% and 2.5%) and England (9% and 2.7%). These figures are in turn reflective of West Berkshire's smaller single population (28.6%) compared the rest of region (31.9%) and the country (34.6%).

Table 3.12 – Population by Marital and Civil Partnership Status (aged 16+ years)

	West Berkshire	South East	England
Married (%)	54.1	49.3	46.6
Same-sex civil partnership (%)	0.2	0.2	0.2
Divorced or in a now-dissolved same-sex civil partnership (%)	8.8	9.1	9
Separated (%)	2.3	2.5	2.7
Widowed or surviving partner is a same-sex civil partnership (%)	6	6	6.9
Single (%)	28.6	31.9	34.6

Source: ONS, Census 2011

3.13   Other Relevant Groups

3.13.1   The following section examines other relevant demographic groups commonly associated with equalities considerations by local authorities due to vulnerable circumstances and other factors.

3.14   At-Risk Children, Youth and Young People

Educational Attainment

3.14.1   Among primary school students, pupils in West Berkshire perform at similar rates to pupils across England, with 64% meeting expected standards,

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compared to 65% of all pupils in English schools[21]. Students are considered to be meeting the expected standard if they achieve a scaled score of 100 or more in their reading and maths tests, and their teacher assesses them as 'working at the expected standard' or better in writing.

3.14.2   Within this context, West Berkshire's 79 primary schools demonstrate a range of educational proficiencies. Based on 2019 data, the best performing schools are Enborne C.E. Primary School, the Ilsleys Primary School and Woolhampton C.E. Primary School, all of which have 100% of their pupils meeting the expected standard. However, there are also schools with much lower performance scores, including some in which 0% of pupils meet the expected standard.

3.14.3   Among secondary school students, the average Attainment 8 score for pupils across England for the 2020 to 2021 academic year was 50.9 out of 90[22]. In West Berkshire, for the 2018 to 2019 academic year, pupils across the district's 29 secondary schools scored an average of 47.7, slightly below the national standard. Attainment among female pupils (49.3) was slightly higher than among male pupils (46.1), which is a trend mirrored across the country. Likewise, students with Chinese ethnic backgrounds scored the highest (61.8) and students of unknown backgrounds scored the lowest (21.4), again mirroring national trends.

3.14.4   Based on discussions with Pamela Voss (EMTAS Team Lead at West Berkshire Council), we understand that in West Berkshire, Gypsy, Traveller and Roma students, as well as students from other ethnic minorities, are supported through the Ethnic Minority and Traveller Achievement Scheme (EMTAS). This scheme promotes cultural awareness in schools and among teachers and staff, as well as helping pupils and their families achieve educational milestones and navigate potentially emotive subjects and transitions.

3.14.5   West Berkshire also offers support to students with English as an Additional Language (EAL). Students in these programmes most commonly speak Polish, Portuguese and Romanian, as well as Indian languages such as Tamil, Urdu and Gujarati.

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[21] UK Government, 2022. Find and compare schools in England. Available at: https://www.compare-school-performance.service.gov.uk/schools-by-type?for=primary&step=default&table=schools&region=869&geographic=la&orderby=ks2.0.PTRWM_EXP&orderdir=asc.

[22] Department for Education, 2022. GCSE results (Attainment 8). Available at: https://www.ethnicity-facts-figures.service.gov.uk/education-skills-and-training/11-to-16-years-old/gcse-results-attainment-8-for-children-aged-14-to-16-key-stage-4/latest.

Children in Care and Care Leavers

3.14.6   The UK government publishes a range of data sets describing children in care and care leavers at the national level based on statistics submitted by local authorities. However, these authorities' datasets are not publicly available.

3.14.7   Based on communication with Jenny Legge (Principal Performance, Research and Consultation Officer at West Berkshire Council), there are approximately 175 children in care and 125 care leavers in the district. Given these relatively low figures, and at the request of the council, we are unable to provide a map illustrating potential hubs for these individuals in order to preserve their anonymity.

Youth Offences

3.14.8   In 2021, 158 children aged 10 to 17 years committed approximately 240 offences in West Berkshire, the most common of which included violence against another person (35%), drug related offences (16.9%), criminal damage (16.5%), public disorder (12.2%), and theft and handling (5.2%)[23]. Most of these young offenders are male (71.5%) although there are also some female offenders (28.5%).

3.14.9   Young people who have offended, or who are at risk of offending or re-offending, are supported by West Berkshire's Youth Offending Services (YOS). Those supported by YOS are split into three cohorts: the In-Court Cohort; the Out-of-Court Cohort; and the Community Resolution and Prevention (CRP) Cohort.

3.15   Homelessness

3.15.1   0.7 households per 1,000 are in temporary accommodation in West Berkshire, which is below rates seen across the South East (2.7) and England (4). While Homelessness is not a major issue in West Berkshire in the same way it is in major metropolitan areas, it is still an issue and likely to become a growing problem due to the cost-of-living crisis[24].

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[23] West Berkshire Youth Offending Team, 2021. Youth Justice Plan 2022/2023. Available at:
https://info.westberks.gov.uk/CHttpHandler.ashx?id=44358&p=0.

[24] Shelter, 2021. 274,000 people in England are homeless, with thousands more likely to lose their homes. Available at:
https://england.shelter.org.uk/media/press_release/274000_people_in_england_are_homeless_with_thousands_more_likely_to_lo
se_their_homes#:~:text=London%20comes%20out%20worst%2C%20with,homeless%20in%20Brighton%20and%20Hove.

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Table 3.13 – Homelessness

	West Berkshire	South East	England
Households in temporary accommodation (per 1,000)	0.7	2.7	4
Households owed a duty under the Homelessness Reduction Act Numerator (per 1,000)	7.5	9.9	11.3

Source: MHCLG 2020/2021

3.15.2 Although West Berkshire Council was able to move all rough sleepers into temporary accommodation over the course of the COVID-19 pandemic through a joint campaign with local charity organisations, these figures are once again on the rise. It is also important to keep in mind that rough sleeping can be very difficult to trace as many rough sleepers also experience hidden homelessness which is not always captured on traditional surveys[25]. As such, it is important to consistently monitor the homelessness situation and ensure varied individual needs are addressed as people move across the various types of homelessness.

3.16 Carers

3.16.1 According to provisional results of the 2021-2022 Caring for Others Survey[26], carers in West Berkshire generally care for older people, with 68% of respondents caring for individuals over 65 years and 27% caring for individuals over 85 years. The most common conditions amongst these individuals are frequently associated with older populations including physical disabilities, sight or hearing loss, and dementia. Carers are generally satisfied with the level of service provided, and the proportion of carers who are 'extremely' or 'very' satisfied in West Berkshire is consistently higher than across the South East and England, as well as having increased since the 2018 – 2019 Survey.

3.16.2 However, carers frequently suffer in other areas of their life, citing a lack of time to do some (63.1%) or any (15.3%) of the things they value or enjoy, or to look after themselves (27.9%), with some going so far as to say they are neglecting

[25] Crisis, 2022. Types of homelessness. Available at: https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/types-of-homelessness/#:~:text=Hidden%20homelessness&text=This%20means%20staying%20with%20family,leave%20the%20person%20extremely%20vulnerable.

[26] West Berkshire Council, 2022. Caring for Others Survey 2021-22 – summary report.

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themselves (14.8%). Carers also commonly feel they are lacking some social contact (47.7%) or feel socially isolated (13.9%), as well as lacking control over their lives (58.5%) or even having no control at all (13.4%). Finally, many carers feel they do not receive enough encouragement or support in their roles (38.9%), or do not receive any encouragement or support (20.9%).

3.16.3   Given that finalised Survey data is not expected to be published until November 2022, and the latest West Berkshire Carers Health Needs Assessment is from 2014/2015[27], it is important to continue to monitor the caring community and their needs. Especially as carers perform such a range of tasks and interact with such a diversity of individuals in their roles, their interaction with EDI-related issues will vary widely across West Berkshire.

3.17   Armed Forces

3.17.1   West Berkshire's armed forces community is largely linked to Denison Barracks, located in the village of Hermitage near Newbury. There about 1,000 armed forces personnel living and working at the Barracks, primarily from the British Army (approximately 95%), although a small proportion represent the Royal Navy and Royal Air Force (approximately 5%). The link between the armed forces and responsibilities is further explored in the key legislation and policy section.

3.17.2   According to Captain Lorraine Dotchin (Welfare Officer at Denison Barracks), the British Army has robust existing EDI policies which are particularly relevant to the Barracks given its diverse makeup. About 5% of Denison's personnel come from commonwealth or other nations, including a particularly large constituency of Nepalese personnel, as well as prominent Nigerian and Fijian constituencies.

3.17.3   Although all members of the armed forces and their families are welcome at Denison, many junior personnel do not meet the UK salary requirements to bring their families over from their home countries, so a large part of Captain Dotchin's role involves writing letters regarding visiting families and those soldiers who wish to remain in the UK once they have completed their service. In addition, Hermitage is not well connected by transportation, nor does it have 'international' facilities like Nepalese or other 'minority' grocery stores, so it can be a difficult transition for those families that can make it to the area, especially for spouses who cannot drive or have limited English. Given these challenges,

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[27] Mahal, S., 2014. West Berkshire Carers Health Needs Assessment 2014/2015.

many of the soldiers stationed in West Berkshire tend to be from the UK and of senior ranking.

3.17.4 In addition, about one third of the personnel at Denison Barracks are married and, as such, have a right to military housing. There are about 118 quarters available for married military personnel, and 28 quarters for married officers, although this is insufficient for the roughly 300 married personnel stationed at the Barracks. As a result, many married service members choose to live onsite during the week and return to their homes and families elsewhere in the country at the weekend, live at a nearby base in Oxfordshire, or find housing within the larger Hermitage community.

3.17.5 Beyond finding adequate and nearby housing, military families face additional challenges. While active service personnel have access to healthcare and dental care through the armed services, their families do not and have to use civilian services. Although finding a GP is a relatively straightforward, dental care is much more difficult to come by. Children must also be enrolled in civilian schools, although this is also a fairly smooth process and Denison has a close working relationship with the local system including safeguarding processes.

3.17.6 General, the armed forces community associated with Denison Barracks appears to be well integrated into the community, with personnel and their families using local services and facilities and participating in local events. Denison Barracks is especially involved in the veteran's community, hosting parades and memorial services, and lending out equipment for events. The Barracks even publishes a newsletter for service members and their families about opportunities to become more involved in the local community. That said, Captain Dotchin finds that she and her colleagues sometimes feel like a 'hidden community' which is not ignored by WBC and other local bodies, but rather not considered in larger policies because they are deemed to be somewhat separate from the more permanent-seeming community elements.

3.18 Racing Community

3.18.1 West Berkshire's racing community is one of its more unique features both within West Berkshire and across England more generally. Largely centred around the Lambourn Valley, including the parishes of Lambourn, East Garston and Great Shefford, economic activity in the area is largely centred around racehorse training and associated services[28].

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[28] SQW, 2019. Horse Racing in Lambourn Valley: The Industry's Economic and Social Impacts. Available at: https://d1jxmchgl7b0ql.cloudfront.net/documents/Lambourn-FINAL-v10.pdf?mtime=20190325112802.

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3.18.2   In terms of key demographic trends, economically active residents of the Lambourn Valley are more likely to be self-employed (14.7%) than residents across West Berkshire (11.3%), while economically inactive residents are more likely to be retired (14.3%) than residents across West Berkshire (12.6%)[29]. However, conversations with Amanda Povey suggest that these figures may not fully reflect the economic status of all residents in the area, as initial engagement exercises indicate that there may be more transient, hidden labour communities which are not being captured by national datasets. There are also some concerns about immigrant and migrant workers' ability to access local services given language, transport and other similar challenges.

3.18.3   Looking at deprivation and the EID 2029, the Lambourn Valley performs less well than Berkshire as a whole in the domains of education, skills and training, income and employment, particularly in Central Lambourn[30]. It also performs less well in terms of crime and barriers to housing and services, particularly in Lower Lambourn and Upper Lambourn. The Valley's relatively poor score on the education, skills and training domain is especially noteworthy as it may indicate a trend among training and equestrian staff who possess acquired informal skills, rather than formal qualifications.

3.18.4   The most serious challenges facing the racing community appear to be staff recruitment and housing[31]. The primary reason for recruitment challenges is the anti-social nature of many jobs associated with the racing industry. Even with higher pay, the long, unpredictable hours and the increase in weekend racing make positions less attractive for potential employees. The lack of affordable housing stock and social amenities in such a rural area heighten recruitment difficulties, especially amongst younger workers who make up a large proportion of racing staff.

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[29] Office for National Statistics, 2011. Economic Activity by sex by age. Available at: https://www.nomisweb.co.uk/census/2011/dc6107ew.

[30] Ministry of Housing, Communities & Local Government, 2019. English Indices of Deprivation 2019. Available at: https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019.

[31] SQW, 2019. Horse Racing in Lambourn Valley: The Industry's Economic and Social Impacts. Available at: https://d1jxmchgl7b0ql.cloudfront.net/documents/Lambourn-FINAL-v10.pdf?mtime=20190325112802.

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4 Key Legislation and Guidance

4.1 National Policy

Equality Act 2010

4.1.1 The overarching aim of the Equality Act is to protect individuals from unfair treatment and promote a more equal society[32]. It legally protects people from discrimination in the workplace and across society more widely, consolidating and strengthening previous anti-discriminatory legislation including the Sex Discrimination Act 1975, the Race Relations Act 1976 and the Disability Discrimination Act 1995. As well as defining who is protected from discrimination and the types of discrimination under the law, the Act also outlines what actions someone who feels they have been discriminated against can legally take.

4.1.2 Anyone with a 'protected characteristic' as identified within the Equality Act can be discriminated against. These nine characteristics are as follows:

- **Age**: A person of a particular age or persons of a particular range of ages, for example, children (0-17); younger people (aged 18-24); older people (aged 60 and over).

- **Disability**: A person with physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities, i.e., disabled people.

- **Gender reassignment**: A person proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex.

- **Marriage and civil partnership**: A person in a civil partnership or marriage between the same sex or opposite sex.

- **Pregnancy and maternity**: A person who is pregnant or expecting a baby and a person who has recently given birth.

- **Race**: A person defined by their colour, nationality, ethnic or national origins, for example, Black, Asian and minority ethnic (BAME) groups.

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[32] Her Majesty's Stationery Office, 2010. Equality Act 2010. Available at: https://www.legislation.gov.uk/ukpga/2010/15/contents.

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- **Religion and belief**: A person with any religious or philosophical belief including a lack of belief[33].

- **Sex**: A man or a woman, recognising that women are more frequently disadvantaged.

- **Sexual orientation**: A person's sexual orientation towards persons of the same sex, persons of the opposite sex or persons of either sex.

4.1.3   There are four types of discrimination under the Equality Act including:

- **Direct discrimination**: treating someone with a protected characteristic less favourably than others.

- **Indirect discrimination**: putting rules or arrangements in place that apply to everyone, but that put someone with a protected characteristic at an unfair advantage.

- **Harassment**: unwanted behaviour linked to a protected characteristic that violates someone's dignity or creates an offensive environment for them.

- **Victimisation**: treating someone unfairly because they've complained about discrimination or harassment.

4.1.4   The Equality Act also introduces a Public Sector Equality Duty (PSED)[34][35] which requires public bodies to consider all individuals in shaping policy, delivering services, and in relationships amongst their own staff, by:

- Eliminating discrimination;

- Advancing equality of opportunity; and

- Fostering good relations amongst all people when carrying out public duties.

4.1.5   This provision is particularly important within the context of EDI, as it shifts the focus of such policies away from merely addressing instances of discrimination and towards promoting equality, and equity, more broadly. This in turn helps to prevent instances of discrimination and inequality from occurring at all.

4.1.6   More specifically, the PSED requires public bodies to:

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[33] Religion means any religion and a reference to religion includes a reference to a lack of religion. Belief means any religious or philosophical belief and a reference to belief includes a reference to a lack of belief.

[34] Government Equalities Office, 2011. Equality Act 2010: Public Sector Equality Duty What Do I Need to Know? A quick start guide for public sector organisations. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/85041/equality-duty.pdf.

[35] Equality and Human Rights Commission, 2021. Technical guidance on the Public Sector Equality Duty: England. Available at: https://www.equalityhumanrights.com/en/publication-download/technical-guidance-public-sector-equality-duty-england.

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- Publish information to show their compliance with the Equality Duty, at least annually; and

- Set and publish equality objectives, at least every four years[36].

4.1.7 The PSED does not require public bodies to:

- Prepare or publish equality schemes, equality action plans, equality impact assessments, or separate annual reports on equality;

- Ask every member of staff about their protected characteristics;

- Ask service users about their protected characteristics;

- Publish any more information than is necessary to demonstrate compliance with the Equality Duty; and

- Produce a stand-alone annual equality report.

4.1.8 The Equality and Human Rights Commission is responsible for assessing and enforcing public bodies' compliance with the PSED and its specific duties. In doing so, the Commission can issue a compliance notice to public bodies who do not comply with the specific duties and can apply to the courts for an order requiring compliance. While the PSED more broadly can be enforced through judicial review, its specific duties cannot.

4.1.9 In addition, as of 2021, the Armed Forces are no longer exempt from the PSED and must now fully comply with it and its individual duties[37]. This has resulted in a new Armed Forces Covenant which aims to both better protect those with protected characteristics involved in the armed forces and provide clear, fair and effective means of handling relevant issues[38].

4.1.10 The Armed Forces Act 2021 further enshrines the Armed Forces Covenant into law to help prevent service personnel and veterans being disadvantaged when accessing public services[39]. Under the Armed Forces Act 2021, Public Authorities must have 'due regard' to the Armed Forces in the provision of housing, education and healthcare.

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[36] Government Equalities Office, 2011. Equality Act 2010: Specific Duties to Support the Equality Duty What Do I Need to Know? A quick start guide for public sector organisations. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/85049/specific-duties.pdf.

[37] Centre for Military Justice 2021. The Ministry of Defence can no longer discriminate against veterans on the grounds of their disability – it breaches their human rights. Available at: https://centreformilitaryjustice.org.uk/the-ministry-of-defence-can-no-longer-discriminate-against-veterans-on-the-grounds-of-their-disability-it-breaches-their-human-rights/#:~:text=The%20Equality%20Act%202010%20on,effectiveness%20of%20the%20Armed%20Forces.

[38] Ministry of Defence, 2021. Armed Forces Covenant. Available at: https://www.gov.uk/defence-and-armed-forces/armed-forces-covenant.

[39] Her Majesty's Stationery Office, 2021. Armed Forces Act 2021. Available at: https://www.legislation.gov.uk/ukpga/2021/35/contents.

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4.1.11 All councils, including West Berkshire Council, have signed the Armed Forces Covenant, which symbolises a pledge by councils to ensure that public civilians and those associated with the armed forces, including serving personnel, reservists, veterans and service families, have equal access to public services[40]. Further guidance is expected to be issued which will provide further detail regarding what will be required of public authorities under the Covenant and how all parties might better comply with the PSED.

Human Rights Act 1998

4.1.12 The Equality Act is underpinned by the Human Rights Act[41] which outlines the fundamental rights and freedoms everyone in the UK is entitled to, incorporating the rights defined by the European Convention of Human Rights (ECHR) into British law.

4.1.13 The Human Rights Act includes the following 16 'Convention Rights':

- Article 2: Right to life;
- Article 3: Freedom from torture and inhuman or degrading treatment;
- Article 4: Freedom from slavery and forced labour;
- Article 5: Right to liberty and security;
- Article 6: Right to a fair trial;
- Article 7: No punishment without law;
- Article 8: Respect for your private and family life, home and correspondence;
- Article 9: Freedom of thought, belief and religion;
- Article 10: Freedom of expression;
- Article 11: Freedom of assembly and association;
- Article 12: Right to marry and start a family;
- Article 14: Protection from discrimination in respect to these rights and freedoms;
- Protocol 1, Article 1: Right to peaceful enjoyment of your property;
- Protocol 1, Article 2: Right to education;

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[40] Local Government Association, 2022. Armed Forces Act 2021: background implications for councils and practical steps to get ready for the Act. Available at: https://www.local.gov.uk/parliament/briefings-and-responses/armed-forces-act-2021-background-implications-councils-and.

[41] Her Majesty's Stationery Office, 1998. Human Rights Act 1998. Available at: https://www.legislation.gov.uk/ukpga/1998/42/contents.

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- Protocol 1, Article 3: Right to participate in free elections; and

- Protocol 13, Article 1: Abolition of the death penalty.

4.1.14   While Article 14 is the most obvious reference to discrimination and equality, the entire Act is relevant to EDI, as it promotes *human* rights which are applicable to all. For some people to be treated unfairly based on a protected or other relevant characteristic is not only noncompliant with the Equality Act, but also with the Human Rights Act.

4.2   Local Policy

West Berkshire Council Equality Objectives 2015 to 2019 (2017)

4.2.1   WBC outlines its primary areas of focus in fulfilling its Equality Duty, as outlined in the Equality Act, through its published Equality Objectives[42]. These define key goals related to improving equality in the district and relevant performance measures to ensure these goals are met.

4.2.2   The four equality objectives include:

- Ensure our workforce is reflective of our communities;

- Endeavour to minimise discrimination, harassment and victimisation and advance equality of opportunity for employees and all members of our communities;

- Implement new ways of working to develop communities to be more resilient in meeting the needs of vulnerable people; and

- Close the education gap for vulnerable pupils.

4.2.3   Although a useful policy within the context of the Council as it guides equitable practices within the context of providing services, employing staff, and procuring and commissioning services, it does not directly address broader equality issues across the district, and thus does not fully fulfil the PSED. Fortunately, this gap is being addressed through this EDI Needs Assessment.

West Berkshire Council Equality Policy (2018)

4.2.4   Expanding on its Equality Objectives, WBC more fully outlines how it will achieve its vision for more equality of opportunity and respect for diversity through its

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[42] West Berkshire Council, 2017. West Berkshire Council Equality Objectives 2015-2019. Available at: https://www.westberks.gov.uk/media/40945/Equality-Objectives-2015-19/pdf/Equality_Objectives_2015-19_final_June_2017.pdf?m=636589471617430000.

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Equality Policy[43]. This document provides a broad overview of the Council's expectations and responsibilities with respect to equality, again linking back to the Equality Duty.

4.2.5   The five main aims of the Equality Policy are to:

- Eliminate unlawful discrimination;

- Promote equality of opportunity;

- Promote equality of access;

- Demonstrate that we value diversity; and

- Promote good relations between diverse communities.

4.2.6   Again, while this a useful policy within the context of providing services, employing staff, and procuring and commissioning services within the Council, it does not directly address broader equality issues across the district. It demonstrates that WBC has a strong foundation in mitigating against discrimination and promoting equality, but a broader strategy is required to address wider reaching issues.

Equality Impact Assessment Guidance (2017)

4.2.7   As well as its overarching Equality Objectives and Equality Policy, WBC has also published Equality Impact Assessment (EqIA) Guidance[44]. The main aims of EqIA are to ensure that Council services and their delivery are suited to the differing needs of the West Berkshire community, and to ensure that the Council provides a working environment which recognises different employees' needs and supports their ability to contribute fully. To this end, the EqIA is used to evaluate how effectively the Council is promoting equality and suggest measures to mitigate any potential inequalities, especially in terms of the protected characteristics.

4.2.8   In essence, the EqIA guidance provides a clear assessment methodology for evaluating how equitable WBC's processes, services and facilities are, as well as relevant context and rationale for that methodology. It illustrates that the Council has taken an informed, systematic approach to equalities in those spheres in which it has direct jurisdiction, as well as indicating that a similar approach could be taken district-wide. However, impact assessments are not

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[43] West Berkshire Council, 2018. West Berkshire Council Equality Policy. Available at: https://www.westberks.gov.uk/media/32429/Equality-Policy/pdf/Equality_Policy_Final_2018___Eq_in_Employment_Policy.pdf?m=636512647802370000.

[44] West Berkshire Council, 2017. Equality Impact Assessment Guidance. Available at: https://www.westberks.gov.uk/media/38336/Guidance-on-the-Equality-Impact-Assessment-EqIA-process/pdf/Equality_Assessment_Guidance_Final_Jan_2017.pdf?m=636536011838100000.

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mandatory under the Equality Act and do not necessarily demonstrate compliance with the PSED, so they cannot be used as proof of fulfilling the PSED in a court of law.

Joint Health and Wellbeing Strategy (JHWS) for Berkshire West (2021)

4.2.9 The JHWS for Berkshire West[45], which covers West Berkshire, Reading and Wokingham, defines key challenges in the area related to health and wellbeing and outlines the ways in which health and social care services can work together to address these challenges, ultimately improving outcomes for the entire population. Although not strictly under the remit of EDI, health and health-related inequalities are often linked to other types of inequalities, causing or exacerbating issues which may on the surface appear unrelated.

4.2.10 The challenges and aims identified within the JHWS are defined as 11 'target areas' and include:

- Helping everyone have the same chance to live a healthy life;
- Supporting vulnerable people to live healthy lives;
- Supporting families with young children to be healthy;
- Helping people get over addictions to alcohol, etc;
- Being healthy and well at work;
- Fitter communities;
- Supporting people with lots of health needs;
- Supporting people who had a traumatic (difficult) childhood;
- Building strong and healthy communities;
- Mental health support for children and young people; and
- Mental health support for adults.

4.2.11 The first target area (helping everyone have the same chance to lead a healthy life) is the most obviously linked to equality. However, all the areas support a broader vision to promote health and wellbeing across the district, regardless of protected or other relevant characteristics. In addition, achieving these aims would help to mitigate the causes and negative impacts of other equalities issues and promote equity in West Berkshire.

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[45] Berkshire West Clinical Commissioning Group, 2020. Berkshire West Joint Health and Wellbeing Strategy: A plan to improve people's health and wellbeing. Available at: https://www.berkshirewestccg.nhs.uk/media/4750/joint-hwb-strategy-jan-2021.pdf.

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4.2.12   As a Health and Wellbeing Needs Assessment is being undertaken in tandem with this EDI Needs Assessment, and the two projects have distinct remits, if related goals, further evaluation of this policy should be addressed by the appropriate team.

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5 Existing Best Practice and Legal Precedents

5.1 Examples of EDI Policy

5.1.1 The policies below provide two examples of thorough local authority EDI policies, highlighting the ways in which they follow best practice and how West Berkshire Council might improve upon them.

Including Everyone: Equalities, Diversity and Inclusion Framework (Oxfordshire County Council, 2020)

5.1.2 The relevance of Oxfordshire County's Equalities, Diversity and Inclusion Framework[46] as an example of a comprehensive EDI framework within the context of this assessment is twofold. Firstly, Oxfordshire and West Berkshire share geographic and demographic similarities which make elements of Oxfordshire's EDI Framework readily translatable to West Berkshire. Secondly, the Oxfordshire EDI Framework is comprehensive and well written, and a strong example of what West Berkshire's own framework might achieve.

5.1.3 Oxfordshire, located immediately to the north of West Berkshire, is a predominantly rural area with relatively low population density including significant open and green space, AONBs, various rivers and canals, and small villages and towns, much like West Berkshire. In addition, Oxfordshire's population is split evenly across the sexes, has a relatively standard age distribution, is primarily White-identifying and faces low levels of deprivation overall. Although Oxford has a much larger student-aged population than West Berkshire centred around Oxford University, this is not a significant enough difference to discount the policy as irrelevant to West Berkshire.

5.1.4 The purpose of the Oxfordshire EDI Framework, outlined in the policy, is to creative inclusive communities, services delivery, and workplaces. Each of these three interlocking visions are in turn supported by two corresponding goals which are specific, measurable, assignable, and realistic. This fulfils four of the five criteria for SMART goals, save for 'time-related', although this criterion is addressed in the document's introduction, which includes a commitment by the Council to annually review and track the County's progress against these goals.

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[46] Oxfordshire County Council, 2020. Including Everyone: Equalities, Diversity and Inclusion Framework. Available at: https://www.oxfordshire.gov.uk/sites/default/files/file/plans-performance-policy/includingeveryoneequalitiesframework.pdf.

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5.1.5   Supporting the six goals are four 'underpinning principles' which provide further guidance as to how the goals should be achieved. These principles, as well as further detail about why each is necessary, are defined in the policy as:

- Inclusion is everyone's responsibility;

- We listen and learn together;

- Flexibility supports diverse needs; and

- Diversity is embraces and celebrated.

5.1.6   The Framework also includes an evidence base for its existence through a succinct overview of relevant policies including the Equality Act 2010 and the PSED. Further evidence of the need for an EDI framework is provided in an outline of relevant inequalities present across Oxfordshire, highlighting those areas where EDI-related challenges are most prevalent and any particularly vulnerable groups.

5.1.7   Finally, the Oxfordshire EDI Framework addresses EDI in and of itself through its use of reader-friendly colours and graphics, and through the provision of an easy-read version of the document.

5.1.8   Although this policy largely follows best practice, it would benefit from an embedded reporting mechanism through which Oxfordshire County Council might better monitor and evaluate the success of the policy.

Equality Improvement Priorities 2021 to 2025 (Leeds City Council, 2021)

5.1.9   Although Leeds City Council's EDI strategy will inherently be quite different from West Berkshire's, as Leeds is a major metropolitan area in the North rather than a rural district in the South, Leeds City Council's (LCC) Equality Improvement Priorities[47] still provides a strong example of a comprehensive and actionable EDI strategy, from which WBC may draw some insight.

5.1.10   The Leeds policy, like many public policies, opens with an outline of the Council's overarching vision for the city and its commitments to supporting residents and following legal obligations. This includes addressing the stipulations of the Equality Act, such as safeguarding those with protected characteristics and fulfilling the PSED, as well as going beyond the Act to address other types of disadvantages, such as poverty.

5.1.11   The policy then goes on to outline the eight Best City Priorities, which are:

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[47] Leeds City Council, 2021. Equality Improvement Priorities 2021 to 2025. Available at: Equality improvement priorities 2021 to 2025 (leeds.gov.uk).

- Age-Friendly Leeds;

- Health and Wellbeing;

- Child-Friendly City;

- Culture;

- Sustainable Infrastructure;

- Inclusive Growth;

- Housing; and

- Safe, Strong Communities.

5.1.12 These city-wide aims are distinct from the three cross-council priorities, which prioritise improving EDI within LCC itself, and include addressing the Council's:

- Budget;

- Employment and organisational structure; and

- Procurement.

5.1.13 The real strength of LCC's Equality Improvement Priorities policy lies in the commentary accompanying each of the Best City Priorities. As well as the pithy title given to each priority, an additional explanation is provided which clarifies what types of inequality each priority is intended to address. This is followed by an explanation of it is important to address these disadvantages, key actions the Council will take to address them, and key measures or performance indicators to assess whether LCC is actually meeting its goals. This section takes up the bulk of the policy and manages to be both succinct and comprehensive, clearly defining what LCC hopes to achieve and how it will achieve it. The key actions and measures are particularly useful to consider as they also fulfil four of the five criteria for SMART goals, save for 'time-related', and frequently feature very specific target figures.

5.1.14 The Equality Improvement Priorities could be strengthened by a clearer evidence base, including links to further EDI-related policy and a local Needs Assessment. Although each of the priorities are accompanied by an overview of why they should be considered in the strategy, more detail such as relevant datasets or visual aids would provide greater context and more clearly demonstrate their significance. As is the case above, it would also benefit from an embedded reporting mechanism through which Leeds City Council might better monitor and evaluate its successfulness.

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5.2   Legal Precedents

5.2.1   As EDI-related policies come into effect and associated issues become more prominent, it is more important than ever for local authorities to comply with relevant legislation. Failing to comply, and failing to get ahead of even stricter regulations, opens local authorities to the risks of judicial review and other legal actions.

Brown, R v Secretary of State for Work & Pensions (2008, EWHC 3158)

5.2.2   In late 2007, a proposal to shut down several Post Offices in Sussex was granted, including a branch located in the village of Old Town, Hastings. Mrs. Brown, an older and disabled resident of Old Town, subsequently sued on the grounds that she was unable to access another, farther Post Office. She claimed that the closure of the Post Office and the lack of a disability impact assessment or EqIA in the closure process indicated both a failure to comply with the Disability Discrimination Act 2005 (now part of the Equality Act) and a failure to pay 'due regard' to equality duties.

5.2.3   The Court ultimately ruled that authorities must demonstrate 'due regard' to equality obligations, which is akin to the existing PSED set out in the Equality Act. However, the Court did not define a prescriptive way of demonstrating this 'due regard'. Instead, it stated that consideration may be exhibited through various suitable methods including reports comprised of research gathered from desk-based studies, fieldwork, and consultation and engagement exercises, much like in a Needs Assessment or evidence-based EDI strategy.

5.2.4   In addition, the Court outlined several best practice principles which should inform authorities' compliance with the duty to give 'due regard' to equality needs, and which are logically be addressed in this EDI Needs Assessment and its consequent Strategy. Of particular significance within the context of West Berkshire is the need to exercise 'due regard' as an integral element of public functions, integrating the duty into a deliberate approach to policy-making rather than as a 'box ticking exercise'. Furthermore, it is important for authorities to keep an appropriate record of efforts to consider and fulfil equality duties. Documents including Needs Assessments, EDI Strategies and EqIAs allow for greater transparency into public processes and serve as evidence in the event of a legal challenge.

5.2.5   Although this case is from several years ago, it is still very relevant to contemporary West Berkshire as it illustrates the Court's ongoing desire to uphold authorities' obligation to pay 'due regard' to equalities, an obligation which has now been codified into the PSED. In addition, the ruling provides useful best practices for WBC to continue to follow regarding the integration of

EDI and policy-making, and adequate record keeping. Finally, this case provides a very real example of the kind of legal challenges WBC could conceivably face in a similar scenario given the rural nature of the district.

Sheakh, R v London Borough of Lambeth (2021, EWHC 1745)

5.2.6   In 2020, in the wake of the COVID-19 pandemic, central government guidance was issued which urged Local Authorities to make urgent changes to their travel networks to promote low carbon and active travel in the short window before people restarted their pre-pandemic travel patterns. This resulted in the widespread establishment of Low Traffic Neighbourhoods (LTNs) across the UK which encouraged walking and cycling over motorised transport, particularly on local roads.

5.2.7   Two such LTNs were established in the London Borough of Lambeth, in Brixton Oval and Streatham respectively. These LTNs were subsequently challenged on the grounds that Lambeth Borough Council (LBC) had breached its PSED by not carrying out adequate EqIAs and by taking a 'rolling' approach to monitoring the impacts of the LTNs.

5.2.8   Ultimately, the Court ruled that LBC had met its PSED in establishing the LTNs because the circumstances of the pandemic and the resulting statutory guidance permitted the Council to bypass a more robust research base for establishing the LTNs. However, the Court also maintained that this practice would not be suitable under normal circumstances and that authorities who continue to take a 'rolling' approach do so 'at their peril'.

5.2.9   This case is particularly relevant to West Berkshire because it provides a very recent example of the ways in which Local Authorities may be challenged for not complying with the Equality Act and the PSED. While these complaints against LBC were ultimately dismissed, the Court also indicated in its ruling that as the country moves out of pandemic-era regulations it is important for Local Authorities to begin re-prioritising EDI and associated legislation.

6 Forecasting and Recommendations

6.1 Forecasting

England

6.1.1 The United Kingdom's population is growing and becoming more diverse as it grows. Between mid-2020 and mid-2030 the national population is expected to increase by 2.1 million inhabitants[48]. Although birth rates (6.6 million) are predicted to be slightly lower than mortality rates (6.7 million), an estimated 5.6 million people will immigrate long-term to the UK while only an estimated 3.4 million people will emigrate from the UK.

6.1.2 These estimates are in line with existing demographic trends, which show that minority groups within England have become increasingly more prevalent since the Census 1991[49]. While most foreign-born White British, White Irish and Black Caribbean immigrants arrived prior to 1981, most South Asian and Black African immigrants arrived after 1981. More recently, the largest non-UK born ethnic group, made up of Other White immigrants primarily from Ukraine and other Central and Eastern European countries, arrived in the 2000s.

6.1.3 This ethnic diversity mirrors trends in religious diversity. For example, many immigrants from Poland, Nigeria and the Philippines have brought their Christian identity, while those arriving from the Middle East and South Asia identify as Muslim[50]. Likewise, many Sikh immigrants hail from India, while many new Buddhists claim Thailand, Sri Lanka and China as their country of origin.

6.1.4 As well as becoming more ethnically and religiously diverse, England is becoming older. The baby booms following World War II and during the 1960s

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[48] Office for National Statistics, 2022. National population projections: 2020-based interim. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/nationalpopulationprojections/2020basedinterim#:~:text=3.,million%20(6.9%25%20increase).

[49] Office for National Statistics, 2015. 2011 Census analysis: Ethnicity and religion of the non-UK born population in England and Wales: 2011. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/articles/2011censusanalysisethnicityandreligionofthenonukbornpopulationinenglandandwales/2015-06-18.

[50] Office for National Statistics, 2015. 2011 Census analysis: Ethnicity and religion of the non-UK born population in England and Wales: 2011. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/articles/2011censusanalysisethnicityandreligionofthenonukbornpopulationinenglandandwales/2015-06-18.

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is reflected in population spikes among people in their mid-70s and in their 50s, respectively[51]. Conversely, a smaller population of teenagers reflects a decline of birth rates in the early- to mid-2000s and fertility rates in the 2020s and 2030s are assumed to be even lower. In addition, life expectancies are increasing as healthcare improves, and the population of people aged 85 years and older is expected to nearly double from 1.7 million in mid-2020 to 3.1 million in mid-2045.

6.1.5   These trends are significant as an aging population has specific and varied needs including more frequent and more serious healthcare, disability and mobility considerations, and more public and private assistance.

West Berkshire

6.1.6   Like the rest of the country, West Berkshire is expected to have an older, more diverse population in the coming decade. These changes will not only impact the demographic makeup of the district – they will also alter the challenges both faced by the inhabitants of West Berkshire and to be addressed by the Council.

6.1.7   According to mid-year estimates, the population of West Berkshire has grown from approximately 136,800 inhabitants in 1991 to approximately 161,000 inhabitants in 2021[52]. This figure is expected to stay relatively stable for the next two to three decades.

6.1.8   Looking more closely at the age breakdown of West Berkshire's population, children and young people aged 0 to 15 years are expected to make up a smaller proportion of the overall population, dropping from 19.8% in mid-2020 to 17.1% in mid-2043. Likewise, working age adults between the ages of 16 and 64 will drop from 60.6% to 54.5% of the population. Consequently, older people aged 65 years and older will take up a much bigger share of the overall population, rising from 19.7% in mis-2020 to 28.4% in mid-2043.

6.1.9   Although Census 2021 data is not yet available for datasets on race and religion, West Berkshire's ethnic diversity is expected to become more varied in line with national trends. This supported by information in the baseline regarding diversity within schools, amongst refugees and asylum seekers, and across the armed forces community.

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[51] Office for National Statistics, 2022. National population projections: 2020-based interim. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/nationalpopulationprojections/2020basedinterim#:~:text=3.,million%20(6.9%25%20increase).

[52] West Berkshire Council, 2022. Population: West Berkshire. Available at: https://westberkshire.berkshireobservatory.co.uk/population/#/view-report/63aeddf1d7fc44b8b4dffcd868e84eac/___iaFirstFeature/G3.

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6.2   Recommendations

6.2.1   As results from the Census 2021 are published throughout 2022 and 2023, it is important to monitor those datasets which are most relevant to those impacted by the socio-economic indicators, protected characteristics, and features of other relevant groups outlined in the baseline assessment. A full breakdown of the Census 2021 release plans is available on the ONS website[53].

6.2.2   West Berkshire Council should also seek to draw on Voluntary, Community and Social Enterprise (VCSE) sector data. This will help to flesh out some of the figures provided by national and regional datasets, providing a more detailed picture of West Berkshire's population specifically. VCSE and other third party data, such as that provided through the Citizens Advice Bureau, can be used to help illustrate a local authority's compliance with the PSED.

6.2.3   Where comprehensive datasets are not yet available or are not included in existing data collection programmes, West Berkshire Council would benefit from undertaking its own data collection exercises to better map where vulnerable groups might be located across the district and what their individual needs might be. In some cases, a more in-depth consultation programme may be required, especially in regard to the Gypsy, Traveller and Roma communities, refugees and asylum seekers, and at-risk children, youth and young people. Qualitative data borne out of such a programme would allow the Council to get under the skin of these groups' core challenges and their root causes, helping them to fully address key issues and avoid misdirecting efforts and funding.

6.2.4   Overall, this Needs Assessment is a strong first step by the Council to identify EDI challenges, opportunities and vulnerable groups, and illustrates a commitment to comply with the Equality Act, the PSED, and its specific duties. However, it does not actually prove compliance. To do so, West Berkshire Council will need to take the key trends and issues identified above and use them to inform meaningful, tangible objectives, which are reflective of West Berkshire's diverse population now and in the future.

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[53] Office for National Statistics, 2022. Release plans. Available at: https://www.ons.gov.uk/census/aboutcensus/releaseplans.

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Health & Wellbeing Board – 23 February 2023

Item 18 – Members' Questions

Verbal Item

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Health and Wellbeing Board Forward Plan (All meetings are on a Thursday, starting at 9.30am in the Council Chamber except where otherwise stated)

Item	Purpose	Action Required	Date Agenda Published	Lead Officer(s)	Those consulted
20 April 2023 - Board Meeting					
Buckinghamshire, Oxfordshire and Berkshire West Joint Forward Plan	To present the draft 5-year joint forward plan for the Integrated Care Board and its partner NHS foundation trusts	For discussion	12/04/2023	Sarah Webster	Health and Wellbeing Steering Group
Buckinghamshire, Oxfordshire and Berkshire West Annual Report	To present the ICB's draft annual report for 2022/23	For discussion	12/04/2023	Sarah Webster	Health and Wellbeing Steering Group
July 2023 (TBC) - Board Meeting					
Berkshire Suicide Prevention Strategy	To present the final version of the Suicide Prevention Strategy for approval	For decision	TBC	TBC	Health and Wellbeing Steering Group
Supported Employment Strategy Update	To provide an update on the Supported Employment Strategy	For information	TBC	Sam Robins	Health and Wellbeing Steering Group
September 2023 (TBC) - Board Meeting					
December 2023 (TBC) - Board Meeting					
Health and Wellbeing Board Peer Review	To present the findings from the Health and Wellbeing Board Peer Review	For decision	TBC	TBC	Health and Wellbeing Steering Group
February 2024 (TBC) - Board Meeting					
May 2024 (TBC) - Board Meeting					

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